

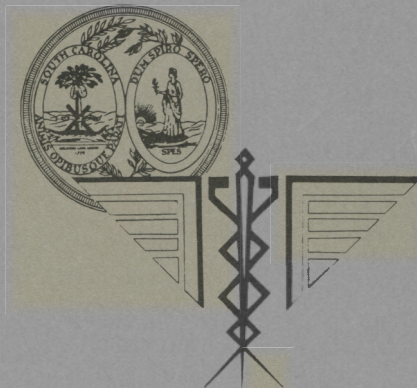
M5283
1.979
cop. 3

S. C. STATE LIBRARY

FEB 8 1980

SOUTH CAROLINA STATE DOCUMENTS
DEPARTMENT OF
MENTAL HEALTH

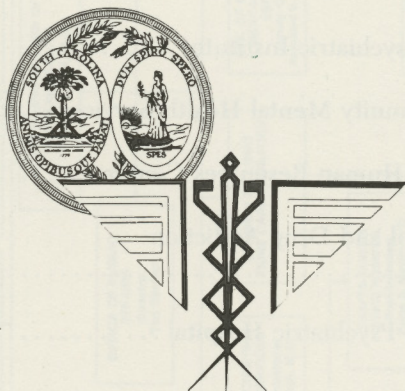
ANNUAL REPORT
1978-79



Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

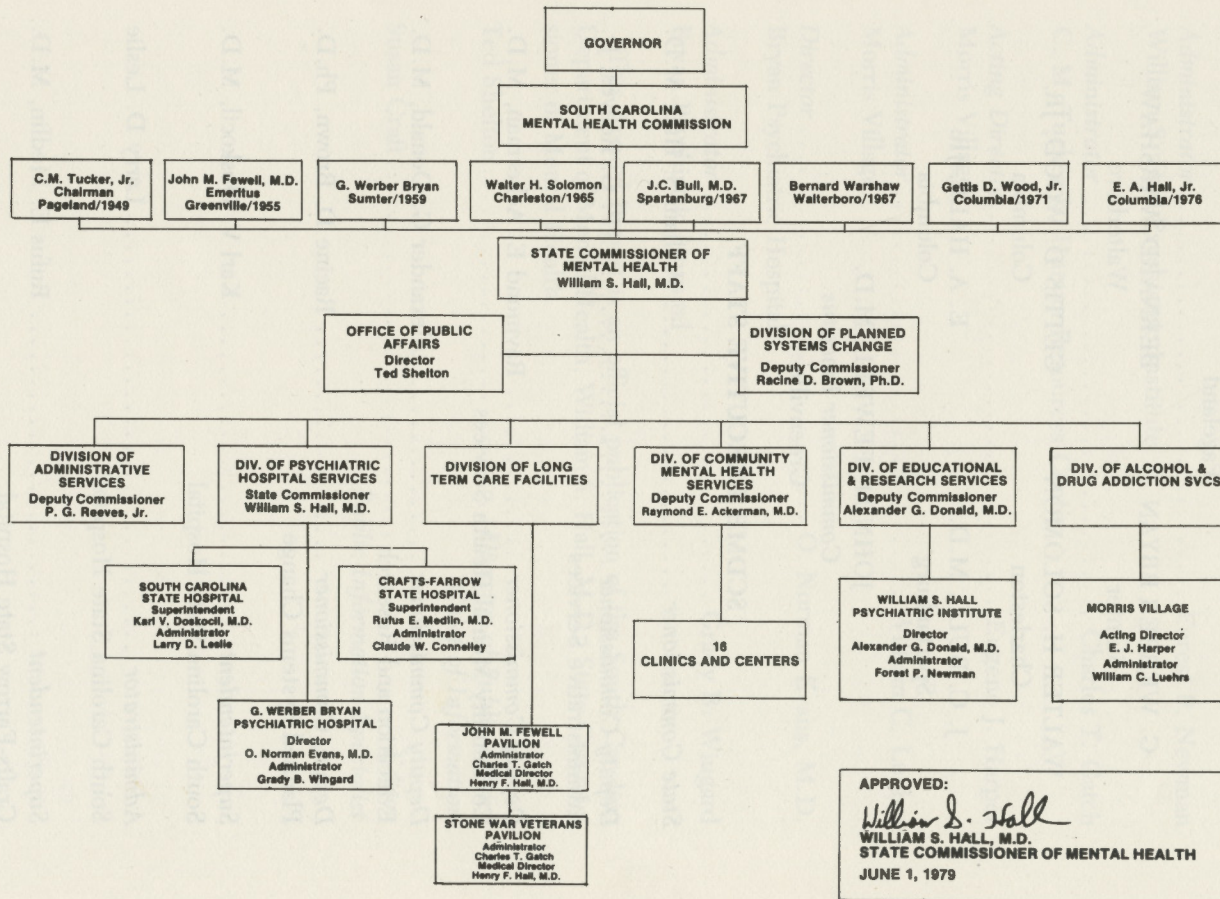
ANNUAL REPORT 1978-79



**Printed Under the Direction of the
State Budget and Control Board**

TABLE OF CONTENTS

Organizational Chart	3
S. C. Mental Health Commissioners and SCDMH Executive Staff.....	4
Commissioner Comments	6
Office of the State Commissioner	6
Office of Public Affairs	7
Department of Archives and History	8
Division of Administrative Services	9
South Carolina State Hospital	28
Crafts-Farrow State Hospital	38
William S. Hall Psychiatric Institute	58
Division of Community Mental Health Services.....	74
C. M. Tucker Jr. Human Resources Center	110
Division of Alcohol and Drug Addiction Morris Village	118
G. Werber Bryan Psychiatric Hospital	134
Statistics	146
Financial Statement	168



S. C. MENTAL HEALTH COMMISSION

C. M. TUCKER, JR., *Chairman*
Pageland

G. WERBER BRYAN
Sumter

BERNARD WARSHAW
Walterboro

WALTER H. SOLOMON
Charleston

GETTIS D. WOOD, JR.
Columbia

J. C. BULL, M.D.
Spartanburg

E. A. HALL, JR.
Columbia

JOHN M. FEWELL, M.D.
Commissioner Emeritus
Greenville

SCDMH EXECUTIVE STAFF

State Commissioner William S. Hall, M.D.

Deputy Commissioner P. G. Reeves, Jr.
Administrative Services

Deputy Commissioner Raymond E. Ackerman, M.D.
Community Mental Health Services

Deputy Commissioner Alexander G. Donald, M.D.
Education and Research

Deputy Commissioner Racine D. Brown, Ph.D.
Planned Systems Change

Superintendent Karl V. Doskocil, M.D.
South Carolina State Hospital

Administrator Larry D. Leslie
South Carolina State Hospital

Superintendent Rufus E. Medlin, M.D.
Crafts-Farrow State Hospital

Administrator Claude C. Connelley
Crafts-Farrow State Hospital

Director Alexander G. Donald, M.D.
William S. Hall Psychiatric Institute

Administrator Forest P. Newman
William S. Hall Psychiatric Institute

Administrator Charles T. Gatch
C. M. Tucker Jr. Human Resources Center

Acting Director Eugene J. Harper
Morris Village

Administrator William C. Luehrs
Morris Village

Director O. Norman Evans, M.D.
Bryan Psychiatric Hospital

Administrator Grady B. Wingard
Bryan Psychiatric Hospital

This Annual Report is an official publication of the South Carolina Department of Mental Health, William S. Hall, M.D., State Commissioner of Mental Health.

Ted Shelton *Director of Public Affairs*
Chief of Information

Susan Craft *Editor*
Public Information Specialist

COMMISSIONER COMMENTS

History repeats itself — and I am reminded of a paragraph by H. E. Freeman in a paper in 1965; “Apparently the treatment of mental illness within the known history of man has been dominated by social, political and ideological factors. Mental Health programs are rooted more in moral and legislative elements than in medical and scientific ones.”

To give this statement, this opinion, the acid test we need only to apply it to the Department’s appropriation for Fiscal Year 1979-80 as recently passed by the General Assembly. We came out some \$1,466,039 short of what we asked. Our proposed budget was \$74,086,558 and final appropriation was \$72,620,519.

In light of the economic condition of our state and nation that was a legislative determination of what it will take during the next 12 months to meet the needs of the mentally ill of South Carolina — those already on our patient and outpatient rolls and those who are yet to be identified or make their cry for help heard.

I have used the word “austerity” and the phrase “belt-tightening” so much they seem to lose their meaning through overuse. That’s something in physics known as the law of diminishing returns.

But anyway that is the situation and I thought it necessary that every employee of the Department of Mental Health and its several facilities and divisions understand the situation — there is going to be less of what we want, we need, we deserve and more of getting by with what we have.

We can do it. We must do it. It’s nothing new. We have always done it!!!

Maybe somewhere behind next year is our Utopia; enough funding to do the things our medical training tells us must be done — much more unencumbered by the social, political, ideological and stigmatic factors which have influenced our ability to function properly and professionally.

OFFICE OF THE STATE COMMISSIONER

The Office of the S. C. State Commissioner of Mental Health consists of the Commissioner (Dr. William S. Hall), an Administrative Assistant II, and an Executive Secretary.

Dr. Hall has served in this capacity since July 1, 1963. As the chief executive of the department it is his responsibility to administer the policies, rules and regulations established by the S. C. Mental Health Commission. He is appointed by this Commission, which is the governing board of the department and whose members are appointed by the Governor and confirmed by the state senate.

The Commissioner must be a medical doctor licensed in S. C. with approved training and experience in psychiatry. The Commissioner has the power to appoint and, at his discretion, remove all other officers and employees of the department (subject to approval of the Mental Health Commission).

The Commissioner acts as the immediate supervisor of the Office of Public Affairs and the deputy commissioners who are responsible for the various operations and services of the divisions of the department.

OFFICE OF PUBLIC AFFAIRS

In its function as a public affairs entity this office received questions from the public (students requesting assistance and information about the department and mental health for class projects and citizens who are concerned about mental health services for friends, or relatives, etc.) and saw to it that they were answered through direct communication, by referring them to a proper source of information or by mailing written materials. This office handled letters of complaint from patients and their relatives forwarded from the Governor's Office and investigated such complaints.

The office provided speakers as requested by various organizations for their meetings and programs.

In its capacity as a service for dissemination of information to employees and the public the office published a monthly newsletter, the REPORT. This publication was distributed to all department employees and to a mailing list of over 700 (Governor's Office, S. C. Legislators, probate judges, state agencies, S. C. Colleges and Universities, the S. C. Mental Health Commission, 25 S. C. daily and 81 weekly newspapers, 14 television and 117 radio stations, Community Mental Health Center and Clinic Board members and miscellaneous requests).

The office also published D² — DATA AND DIALOGUE, a monthly newsletter for CMHS employees.

A total of 21 news releases were distributed to the S. C. mass media.

The office participated actively in the planning and preparation of special events such as the Annual Meeting.

Staff members created brochures and programs by request of various department facilities which presented workshops during the fiscal year, as well as informational brochures for several clinics and centers. Staff members also helped design exhibits and booths for the S. C. State Fair, the APA Annual Meeting, and for centers and clinics.

The office designed and coordinated the distribution of the 1978 Christmas Card. It is also the duty of the office to compile, edit, and prepare for publication the department's Annual Report.

Two staff members took the pictures of special department events for the record, as well as those pictures which appeared in all the department publications. The staff also took color slides of department facilities and activities which were used in "road shows," talks, and programs presented for the public by various SCDMH personnel. Color photographs and slides were taken for use in recruiting booths. A photograph, negative, and slide file is kept on hand for requests, reference, and future use.

The office maintained extensive files including all publications, letters, materials, laws, information of historical interest, and special events pertaining to the department.

One staff member was responsible for finding and keeping on file all newspaper articles regarding the department and anything relating to mental health which appeared in the major S. C. newspapers.

The Coordinator of Tours and Visitations structured an educational program including audio-visual materials, speakers, question and answer sessions to accommodate school, professional and other groups interested in knowing more about the department.

DEPARTMENT OF ARCHIVES AND HISTORY

Among the hundreds of visitors at the beautiful, meaningful Department of Archives and History were high school and college students; individuals and faculty members from statewide and out of state colleges and universities interested in research. Nurses from the Dorn U. S. Veterans Administration Hospital spent several days here securing data. Also physicians and other staff members from the S. C. Department of Mental Health and from various sections of South Carolina came for information and indepth study of records. Information referable to the Archives in travel publications brought out of state visitors, many seeking genealogical facts. There were many such inquiries by mail.

Personnel in the hospital inservice educational orientation training program came on a regular basis for tours and briefing on South Carolina mental patient care history. Other groups, and individuals, from throughout the Department of Mental Health visited for tours and orientation. The Archives director interpreted the history and progress of care of the mentally ill. Especially with the hospital personnel there were stressed the privileges and opportunities afforded each one in properly caring for the mentally ill patients entrusted to them.

The first reunion of the 1935 graduating class of the S. C. State Hospital Training School for Nurses visited the Archives.

Several committees from the city, the state and the S. C. Department of Mental Health met in the Archives. Among them, the important Feasibility Study Committee for the Mills Building.

Depicted in the Archives are meaningful displays referable to the history of South Carolina state care of the mentally ill. There are portraits of the founders, Colonel Samuel Farrow and Major William Crafts, and others of importance. Displayed are Act 2269 of the S. C. General Assembly establishing the Lunatic Asylum on December 20, 1821, and the various name changes. Also original handwritten historic documents, minutes of the first Board of Regents meeting in 1828; the admission record of the first patient on December 12, 1828; photographs of the original designs of the Lunatic Asylum (the Mills Building) by Robert Mills, internationally known architect of South Carolina; authentic furnishings used in the Mills Building and the S. C. State Hospital, etc., etc., etc.

Among the treasures are two plaques from the United States Department of the Interior stating that the Mills Building was entered on the National Register of Historic Places under the provisions of the National Historic Preservation Act of 1966 for its historic significance.

Also, the Mills Building represents a remarkable period in South Carolina history, as well as in the development of proper care for the mentally ill. The beautiful, impressive structure — the FIRST fire proof building in America — is an imposing, enduring monument to the creative genius and humanitarianism of Robert Mills.

Visitors are encouraged to view the unusual and lovely features of the Mills Building, the lofty, vaulted ceilings, graceful curved stairs, the spiral stairs, various sizes and shapes of the handmade brick outer walls, etc., etc.

South Carolina was the second state to officially authorize and finance a hospital for the mentally ill in 1821, and the original Lunatic Asylum (Mills Building) is the oldest state mental hospital in the nation in continuous use. No longer occupied by patients, this is now a multiple purpose facility.

The Department of Archives and History is located in the East wing, ground level, of the 1822 Mills Building.

There was involvement in work related activities in the city.

DIVISION OF ADMINISTRATIVE SERVICES

STAFF DEVELOPMENT PROGRAM

Staff Development Program provides workshops and programs for the continuing education of departmental staff. Offerings are available to all personnel in every job classification and include programmatic directions, therapeutic skills, management/supervisory techniques, and self-awareness and growth workshops which directly contribute to job performance and employee satisfaction.

Training needs are determined from periodic department-wide surveys to supervisors and employees and by having each participant evaluate the workshops they attend in regard to the value of the content, how well the leader did and their reaction to the learning experience.

In the Fall and Spring of each year a workshop bulletin is distributed throughout the department to all personnel who have program and supervising responsibilities. They are urged to discuss career training and growth needs with each of their employees so that their staff may benefit from the training. The bulletin clearly states the time and place of each workshop, a rationale, the specific objectives, format, information about the trainer and a description of the participants for whom the course was designed.

Most of the courses offered have evolved into popular repetitive workshops for which CEU's are granted. Staff Development's computer-based needs assessment and training records system provides the department with up-to-date training information on employees, facilities or courses. Individual employee training records are furnished to any employee, or employee's supervisor, upon request.

Learning Laboratories have been established at SCSH and CFSH and contain a broad spectrum of job specific programmed instruction and training materials. These labs are open to any employee of the department, and, upon request many of the programs can be transported directly to the work site for viewing. This includes major facility wards and community mental health centers.

Staff Development places a high priority on the training of trainers. Through a series of programs Staff Development provides the department with cadres of certified trainers for the training of other personnel and a marketable resource in consultation and education programs. This network of trainers in important skill areas provides a valuable resource at very little cost. In fact, the success of the Staff Development Program can be largely attributed to the high calibre of the workshop leaders who have other jobs within the department and who unselfishly share their energy and expertise with their colleagues.

Special programs being offered include: Assertiveness Skills Training, Communication Skills in Counseling, Life Skills for Mental Health, Sex Education/Sex Counseling Certification, Prevention and Management of Aggressive Behavior, Cardiopulmonary Resuscitation, LPN Degree Program, and Patient Rights in cooperation with the Attorney's Office.

FRIENDSHIP CENTER

Friendship Center is a social recreation center for adults and young people in the Midlands who have had mental or emotional illnesses. It was founded in 1960 and is funded by the Department of Mental Health, the United Way of the Midlands and private donations. The Center operates under the authority of its Board of Directors and the Deputy Commissioner of Administrative Services. It occupies a portion of the facility that houses the Center for Orientation to Independent Living (COIL), located at 1135 Carter Street, Columbia, SC.

The Center is open every day of the year and offers a wide variety of structured and non-structured activities such as outdoor sports and games, parties and dances, classes for self-improvement, and trips around town and to other places of interest. No treatment is offered but the program is carefully designed to provide opportunities for the former mental patient to improve his social life skills, become oriented and comfortable in the community, and to develop such personal strengths and resources needed to avoid further hospitalization. The staff is composed of the Executive Director, the Program Coordinator and a part-time secretary. Eight part-time professionally trained group leaders are hired to be in charge of the evening and week-end activities.

In 1978-79 the Center has continued to grow in the number of former patients served and the number of activities and classes that have been offered. There has been special growth in the amount of physically active sports that have been offered, and in response to member request, more parties and more out of town trips are planned. The average monthly attendance has grown to over 1,100, half of which are COIL residents and half are individuals from the community. The 1978 budget was \$61,627 and the projected 1979 budget is \$59,397.

INTERSTATE TRANSFERS

S. C. maintains a 2 to 1 ratio in transferring patients to other states over receiving patients. Twenty six patients were transferred out of state and 13 transferred in. At the October meeting in Chicago of the Interstate Administrators and Coordinators of the National Association of State Mental Health Program Directors, the Department's Interstate Transfer Coordinator was named Vice Chairman of the group for Mental Health.

The Interstate Compact on Mental Health was created for patient care in all states. Members and non members work under each state's laws. This makes caring for the mentally ill a cooperative effort.

RECORDS MANAGEMENT

The microfilm section has filmed over 600 cartridges of film during the year eliminating over 600 cubic feet of hard copy record which created 600 cubic feet of additional file space. In addition to South Carolina State Hospital, records were filmed for Tucker Center, Morris Village, Crafts Farrow State Hospital, Personnel, Finance and Accounting, Santee-Wateree Mental Health Center, Charleston Mental Health Center, and Anderson-Oconee-Pickens Mental Health Center.

During the year the Department has established a microfilm processing lab that has enhanced the microfilm section by having immediate processing, therefore omitting cost in time and travel to and from commercial labs. Record retention schedules were written by Records Analysts from the S. C. Department of Archives and History and the Department. After approval by the State Budget and Control Board, the retention schedules were distributed to all facilities for implementation. This will enable Departmental personnel to dispose of records in a timely fashion under Departmental regulations and the Public Records Act of 1973.

OFFICE OF GENERAL COUNSEL

The Office of General Counsel (formerly designated Legal Branch) collects and enforces the Department's claims and liens for medical care and maintenance rendered to patients. The Office also reviews, drafts and monitors the progress of all legislation which effects or could effect the Department or its employees. Additional duties include drafting and approving contracts, leases and other documents, implementing the requirements of the Administrative Procedures Act, and providing counsel and assistant to all of the Department's facilities and employees on a variety of matters which involve legal issues. During this past year, the Office underwent a minor reorganization by adding a new staff attorney in order to meet the Department's increasing need for legal services.

The Attorney for Patient Affairs continues to provide advice and assistance to patients as well as Department personnel and facilities on issues relating to patient rights. Counselling and assistance to patients is also provided on personal legal matters. The SCDMH Task Force on Patient Rights continues to work toward a comprehensive internal rights program. The Task Force has developed and recommended implementation of a formal patient grievance procedure. The Standards Program being developed to assure patient rights is currently in the redrafting stages. In addition to the Patient Grievance Procedure and Standards

Program, a training and educational program in the area of patient rights will be proposed in the near future.

PRINT SHOP

For Fiscal Year 1978-79 production increases were again noted, without severe backlogs. We have pushed for simplified and automated binding and finishing methods rather than slower hand finishing procedures. In general, conformance of printed format to meet these production methods has been good.

Yearly production statistics are as follows: 3596 recorded jobs, 19,507 originals and 1,271,599 impressions processed on xerographic duplicator, 7,690 originals and 9,998,199 impressions processed on offset presses. These figures represent an eleven percent increase in impression totals over Fiscal Year 1977-78.

PURCHASING

Purchasing continues to have its problems with sky rocketing prices and extremely slow deliveries. Most companies seem hesitant to make long term commitments.

Central State Purchasing still causes some problems with long turnaround time and delays in processing orders.

An extensive survey was conducted by the State Re-Organization Commission. We are encouraged by their remarks and look forward to their final report.

It seems the "numbers game" is still with us. We have conquered the commodity and vendor code numbers but are now going through a change in activity and budget codes.

General Services is using a pre-sort system in mailing patient bills which allows the Department approximately \$360.00 per month savings.

STATISTICS AND RESEARCH

The SCDMH Statistics and Research Section serves the entire Department. Our primary function is to maintain the Hospital Statistical System and the Community Mental Health Information System from which various statistical reports are produced. During the past fiscal year we have had an increase in the number of requests for statistical consultation and assistance for various surveys, grants, and research projects throughout the Department. We continue to receive excellent cooperation from Computer Services in carrying out our duties.

The Division For Planned Systems Change has greatly increased their need for statistical data in the past fiscal year. The operation of and involvement with the Community Mental Health Information System has reached the point that over 50% of staff time for Statistics and Research is devoted in some way to the CMHS Information System.

PERSONNEL OFFICE

The Departmental Personnel Office is charged with the responsibility to administer and coordinate the overall Personnel function of the Department of Mental Health. All federal and state regulations are reviewed and departmental directives are constantly monitored and updated to assure that all policies and procedures are in compliance.

The Departmental Personnel Office is divided into the following operational areas:

- Employment
- Classification-Compensation
- Benefits and Services
- Employee Relations

The following reports provide summarized information on the activities in each of these operational areas.

Employment

During the fiscal year 1978-79, Personnel Employment Operations actively participated in recruiting and hiring qualified individuals for the Department. Personnel Employment Operations' efforts in the Nurse recruiting area included nine (9) trips to eight (8) different schools of Nursing in South Carolina. It is already evident that the coordinated nurse recruiting effort has been extremely beneficial and will continue to be so in the years to come. During the fiscal year 1978-79 a total of 144 R.N.'s and L.P.N.'s were employed by the Department. Also the Department was represented at the 30th Institute of Hospital and Community Psychiatry in Kansas City, Missouri and the South Carolina Student Nurses Association Annual Meeting.

Personnel Employment Operations conducted a total of 8,849 interviews resulting in the employment of 1,278 people.

Personnel Employment Operations again coordinated the various disadvantaged youth programs. Seventy (70) people were employed through the city of Columbia and Richland County Ceta Programs. Also, three (3) visually handicapped youth were employed through the Commission for the Blind Summer Youth Work Experience Program.

The system of posting the vacancy list in the facilities and in the weekly bulletins was continued. This has allowed many employees the

opportunity to apply for higher level positions and thus obtain upward mobility and career advancement. Personnel Employment Operations also coordinated an extensive advertising campaign for R.N.'s and L.P.N.'s.

<i>Month</i>	<i>Initial Interviews</i>	<i>Follow Up and Referral</i>	<i>Total</i>	<i>Processing</i>
July	501	325	826	108
August	598	323	921	126
September ...	466	277	743	120
October	486	392	878	114
November ...	373	306	679	108
December ...	288	174	462	60
January	429	329	758	115
February	279	179	458	71
March	457	292	749	89
April	382	282	664	100
May	461	354	815	132
June	533	363	896	135
TOTAL	5,253	3,596	8,849	1,278

Classification-Compensation

During the fiscal year 1978-79 the state forty pay grade Classification-Compensation Plan was expanded twice by having four percent applied to both the minimum and maximum salaries of each pay grade. Employees in the classified service of the South Carolina Department of Mental Health, who were not above the maximum of their assigned pay grade, received a four percent general increase on June 23, 1978 and December 22, 1978.

The state merit increase program was continued and appropriated funds were increased from the maximum four percent allowed last year. During fiscal year 1978-79 employees eligible for a merit increase were allowed four percent for satisfactory performance, six percent for superior performance and eight percent for outstanding performance.

Effective July 1, 1978 the longevity salary increase program was initiated. Classified employees who were at the maximum of their pay grade and had not received a salary increase for the past twenty-four months, other than base pay (general) increases, were eligible for a five percent longevity increase.

Effective February 13, 1979 the Budget and Control Board amended the Personnel Rules pertaining to salary increases for grade reallocations. Employees who receive grade reallocations shall be entitled to pay increases resulting from such reallocations only to the extent neces-

sary to bring the salaries of the employees to the minimum of the new grade. This means that employees whose salaries are above the new minimum shall not be eligible for a grade reallocation salary adjustment. This action was necessitated by the voluntary wage and price standards ruling that grade reallocations involving the awarding of salary increases must be counted toward the total increase allowed under the standards.

Effective May 25, 1978 the classification series for registered nurses was restructured. Employees classified as Nurse I, Nurse II, or Nurse III were reclassified to Staff Nurse. Those classified as Nurse IV were reclassified to Head Nurse. Approximately one hundred and sixty positions were affected by this reclassification.

During the fiscal year the departmental Classification-Compensation Section in conjunction with the State Personnel Division participated in sixteen different series studies, which affected sixty-nine different classifications utilized by SCDMH. In addition to these series studies, the departmental Classification-Compensation Section acted on individual requests involving reclassifications, promotions, transfers, etc. that affected in excess of twelve hundred departmental employees.

MERIT INCREASE ANNUAL REPORT

<i>Facility</i>	<i>Satisfactory</i>	<i>Superior</i>	<i>Outstanding</i>	<i>Total Number of Increases Per Facility</i>
DOAS	14	123	37	174
SCSH	506	776	120	1,402
CFSH	717	456	34	1,207
CMTHRC .	38	99	30	167
MV	29	102	40	171
WSHPI ...	49	95	22	166
BPH	67	105	18	190
	<i>*Total 1,420</i>	<i>*Total 1,756</i>	<i>*Total 301</i>	<i>*Total 3,477</i>

* excluding Community Mental Health Services

LONGEVITY INCREASE ANNUAL REPORT

<i>Facility</i>	<i>Total Number of Increases Per Facility</i>
DOAS	10
SCSH	134
CFSH	81
CMTHRC	8
MV	3
WSHPI	20
BPH	4
*SCDMH Total	260

* excluding Community Mental Health Services

Personnel Services and Records Activities

During the fiscal year 1978-1979, twenty-one five-year service emblems, nine ten-year emblems, two twenty-year emblems were awarded to employees of the Division of Administrative Services.

A total of 1,223 persons were terminated during the fiscal year 1978-1979. The annual rate of turnover, based on an average of 5,511 employees was 22.19%. This represents a 0.91% decrease in turnover. A detailed breakdown of the reasons for separation is shown in Chart I.

CHART I

Reasons for Separation from Employment During Fiscal Year 1978-79 (6-23-78 to 6-21-79), except Code 80 which is 7-1-78 to 6-30-79.

A. WOULD REHIRE EMPLOYEE

1. Maternity	12
2. Returned to school	94
3. Lay off of surplus employees	0
5. Better pay, non-state	44
5. Better opportunity, non-state	53
6. Better working conditions, non-state	5
7. Going into business for self	11
11. Different job with state, different agency	44
12. Job eliminated	16
13. Moved out of job area	88
14. Military service	10
15. Other	151
49. Personal, did not take another job	53

B. MIGHT NOT REHIRE EMPLOYEE	
50. Resigned voluntarily, but mediocre working results	18
51. Ill health	24
52. Difficulty with fellow employees, but resigned voluntarily	4
53. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	64
54. Difficulty with supervisor	3
55. Misconduct	0
56. Violation of rules	4
57. Refused transfer	0
58. Discontent with salary	0
59. Discontent with work	8
60. Other	82
C. WOULD NOT REHIRE EMPLOYEE	
68. Other	110
69. Abandonment of position	72
70. Unsatisfactory working results, but resigned voluntarily	15
71. Unsatisfactory working results, discharged	18
72. Difficulty with fellow employees, but resigned voluntarily	2
73. Difficulty with fellow employees, discharged	1
74. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	45
75. Excessive absence, tardiness, or discipline problem	41
76. Difficulty with supervisor	1
77. Misconduct	12
78. Violation of rules	44
79. Refused transfer	0
D. OTHER	
80. Deceased	15
81. Retired	39
83. Retired for disability	20
	<hr/> 1,223

Personnel Actions involving employee changes totaled 1,931 as follows:

Promotion	447
Reassignment	145

Transfer	168
Demotion	23
Leave Without Pay	155
(Including Maternity LWOP)	
Change in Name	121
Change in Hours	52
Position Title Change	10
Salary Adjustment	33
Extension of Probationary Period	15
Reclassification	290
Position Status Change	274
Reinstatement	3
Return from Maternity Leave	74
Return from Educational Leave	1
Miscellaneous	120
Total	1,931

A total of 3,753 insurance applications were processed during the fiscal year and are as follows:

PILOT LIFE GROUP INSURANCE:

Basic Life

New enrollments	15
Revisions to present policies in force	4
Cancellations	10

State Service Life

New enrollments	35
Revisions to present policies in force	175
Cancellations	6

Hospital Indemnity Plan

New enrollments	5
Revisions to present policies in force	0
Cancellations	0

A & S (Salary Continuation)

New enrollments	2
Revisions to present policies in force	2
Cancellations	0

LIBERTY LIFE:

Survivor Monthly Income Plan

New enrollments	1
Revisions	0
Cancellations	0

BLUE CROSS-BLUE SHIELD

Blue Cross-Blue Shield Hospitalization

New enrollments	1,670
Revisions to present policies in force	650
Cancellations	1,178

Employee Relations

The departmental Employee Relations Manager held 223 individual counseling sessions which involved 65 employees. In addition to individual counseling, there were several group meetings with employees, their supervisors and other facility officials. There were fourteen meetings held with representatives from other state agencies concerning complaints filed by employees of the South Carolina Department of Mental Health with these state agencies.

There were meetings held each month by the departmental Employee Relations Manager with Facility Personnel Representatives to discuss new and/or changes to existing departmental policies; fund raising, membership and other campaigns sanctioned by the department; mutual employee relations functions and specific individual facility employee relations problem areas. On occasions, representatives from the State Personnel Division and the departmental Personnel Office were invited to these meetings to impart knowledge on current issues within their areas of expertise. These meetings were rotated from one facility to another each month in order that each Facility Personnel Representative might gain first hand knowledge of some of the activities that take place within the department outside of his or her own facility.

During the fiscal year, there were twenty-nine step one, nineteen step two, and twelve step three grievances held within the department. There were six step three decisions that were appealed to and heard by the State Employee Grievance Committee.

The SCDMH conducted the annual United Way Campaign during the months of September and October, 1978. A goal of \$30,240.00 for the department was established by the United Way Headquarters. A total of \$25,548.34 was contributed during this campaign for 84.48% of the assigned goal.

At the request of the Governor and the State Budget and Control Board's resolution and approval, the health agencies of the state organized the Annual Good Health Appeal for State employees into a combined campaign appeal. The purpose of the Annual Good Health Appeal is to provide a means whereby State employees would only be asked to contribute to two fund drives per year — the United Way Campaign in the fall and the Good Health Appeal in the spring of each year.

The Governor appointed the departmental Employee Relations Manager along with three other State employees from other State agencies, as advisors to the Annual Good Health Appeal Coordinating Committee for the purpose of advising the committee on organizing the campaign, overseeing the operations of the campaign and insuring the equitable distribution of funds raised.

The SCDMH conducted its Annual Good Health Appeal Campaign during the months of March and April, 1979. Employees of the South Carolina Department of Mental Health contributed \$15,153.33 to this very worthy cause.

Due to many changes in the South Carolina Code of Laws, State Personnel Rules and SCDMH policies, the SCDMH General Rules and Regulations (Employee's Handbook) was completely revised during the past fiscal year.

CENTER FOR ORIENTATION TO INDEPENDENT LIVING

Project COIL (Center for Orientation to Independent Living) continues to function as a deinstitutionalization program for the SCDMH. This project provides services under the following programs.

The *Pre-Residential Program* serves patients from the South Carolina State Hospital, Crafts-Farrow State Hospital, C. M. Tucker Human Resources Center, William S. Hall Psychiatric Institute, Bryan Psychiatric Hospital and appropriate referrals through the Columbia Area Mental Health Center. This service is designed to provide an orientation for inpatient referrals as to the goals, objectives and expectations of the COIL Project. Individuals who have substantial periods of hospitalization will be worked with in areas of meal preparation and planning and skills necessary for them to begin residency in a COIL apartment. This program is an open-ended and ongoing group which typically can last for an eight week period for those patients requiring complete orientation.

The *Residential Program* consists of one to one counseling and activities of daily living skills such as home management which includes such areas as grocery shopping, meal planning and preparation, apartment maintenance skills, clothing maintenance and learning to work cooperatively with one's roommate. The residential program can last up to a six month period of time for those individuals needing a longer period of orientation to independent living.

The statistics for the Residential Program covering the period of this annual report was 142 admissions, 57 returned to the institution from COIL for various reasons (including medical and psychiatric needs or those deemed inappropriate for the program), 16 returned to COIL

from the community, 1 deceased and 100 placed into community living situations. The resident census as of June 30, 1979, was 40.

The *Adult Development Program* has served approximately 200 individuals in Columbia area boarding homes and ex-residents living in independent situations in addition to COIL residents. Activities provided by this program include: home management; consumer education classes, personal development and hygiene, orientation to the community, adult education classes, social and recreational functions and arts, crafts and hobby development.

The funding for the project is under Title XX contract with the Department of Social Services. Under this contract Project COIL is reimbursed 71% of total operating costs with 29% being funded by the South Carolina Department of Mental Health. Total budgeted funds for this year's operation was \$300,900.

During this fiscal year, the State Bonding Committee approved the purchase of buildings and grounds at Project COIL. This property was purchased in September 1978 from Palmer College Corporation.

LICENSING SECTION

Fourteen additional Community Care Homes were licensed during the fiscal year making a total of 58 facilities with a bed capacity of 722, an increase of 150 beds. Also, there are twenty prospective homes interested in our Community Care Program.

During the fiscal year, we have relicensed 72 Alcohol and Drug Abuse Facilities and have licensed five additional making a total of 77 Alcohol and Drug Abuse Facilities.

One additional Detox Center has been licensed making a total of 8 facilities with a bed capacity of 118 beds.

There have been three additional Halfway Houses to be licensed making a total of twenty-one facilities with a bed capacity of 287 beds. There has been one Halfway House to close during the year which was licensed for nine beds.

Two additional Outpatient Facilities were licensed during the year making a total of 48 facilities.

There are eight prospective Alcohol and Drug Abuse Facilities in sight for licensure.

The Licensing Section has licensed a total of 135 facilities which have a total bed capacity of 1,127 beds.

Travel for the year has amounted to approximately 37,000 miles.

INTERNAL AUDIT SECTION

During the fiscal year 1978-79 the Internal Audit Section, as of February 1979, has been comprised of the following positions: Auditor III, Auditor II and Accounting Clerk III. Personnel changes within the section resulted in the additional responsibility of coordinating the Title XX and CETA Programs. The Department's Title XX budget for FY 78-79 is \$926,434.00. The latest CETA modification amounted to \$571,548.00

Fifteen Centers/Clinics of the Community Mental Health Services have been audited and are currently being audited on a semi-annual basis. Annual audits have been performed on the Pharmacy operations at the South Carolina and Crafts-Farrow State Hospitals. Semi-annual audits and inventories of the Commissary and a recap of the warehouse inventory have been performed. Annual audits and operation reports have been performed for the canteens at South Carolina State Hospital, Crafts-Farrow State Hospital and Morris Village. The annual audit for Friendship Center has been accomplished. Quarterly audits of the eleven petty cash funds throughout the Department were accomplished. Periodic payroll check distribution audits were performed at randomly selected areas throughout the Department. Quarterly audits of the meat cut/pricing policies for the warehouse has been accomplished.

COMPUTER SERVICES BRANCH

The Computer Services Branch consists of the Systems and Programming Section and the Computer Operations Section, and handles all data processing activities for the Department.

The function of the Systems and Programming Section is to design, program, and implement computer programs and systems to perform business applications and to gather and make available patient information.

Some major changes or modifications accomplished during the past year were: Changes to the Consumable Inventory System to provide price averaging, modifications to the Space Allocation System allowing use of preset building totals for comparing space used with space available, the addition of on-line inquiry programs to the Financial Management System providing access to a microfilm index for vouchers, and cross referencing of checks, vouchers, and purchase orders.

Currently, work is being done to redesign and rewrite the Payroll and Personnel System and the Patient Billing System.

During the past year many enhancements have been made to the on-line Patient Information System. The patient master file has grown to contain more than 39,500 patient records, all available to users at the various facilities. Update transactions are being applied to patient records at a rate of 8,000 to 9,000 per month.

The on-line Patient History System continues to make available to users on request: a display of individual patient status changes, ward transfers and some demographic data. The data collection was begun in October, 1976 making an evergrowing amount of historical reference data accessible to many users. A major conversion of diagnosis codes was made on March 1, 1979 from DSM II to ICD-9.

The Computer Operations Section utilizes programs and systems to enter, store, retrieve and process information and make it readily accessible for use by other components of the Department. This Section operates twenty-four hours a day, seven days a week. The Computer Operations Section is responsible for all data processing equipment. During the past year ten additional cathode ray tube terminals have been added, and memory increased to 1,048,576 bytes. Also, during the past year, the disk subsystem was expanded by the addition of two disk drives, increasing our disk storage capacity from 1,435 million bytes to 2,070 million bytes. This enables additional large files to be kept on disk and thus rapidly accessible.

BUDGET SECTION

The Department received its FY 79-80 State Funds Allocation from the State Auditor's Office of \$63,868,856 which represented a reduction of 5% in its base allocation from FY 78-79. In addition to the allocated amount, the Department submitted a request for \$10,217,702 additional State Funds in order to continue existing programs at the current level, and pursue funding for expanding programs such as Bryan Psychiatric Hospital and Court Screening. In addition to State Appropriations, the Department incorporated a total of \$26,042,966 in Federal and Other Funds in its FY 79-80 Budget.

Of the requested \$74,086,558, Budget and Control Board recommended to the Legislature \$68,664,744 in State Appropriations, an increase from FY 78-79 of \$4,466,321 or 6.96%. \$3,064,300 of this increase was provided for Cost of Living Increases for employees.

The Budget Section also took a more active role in the legislative budgeting process, preparing, analyzing and providing budget information for presentation to the House Ways and Means Committee and the Senate Finance Committee. As a result of the Department's effort with these committees, an additional \$3,955,775 was recommended for the Department of Mental Health for FY 79-80.

Preparation of the annual Budget Request, coupled with ongoing financial management analysis, coordination of the Fiscal Accountability Act, and other financially related activities accounted for a majority of the time spent during the fiscal year. Action was also taken during the year that will enhance the role of planning in subsequent budget requests.

ENGINEERING AND PLANNING SECTION

The Engineering and Planning Section is assigned the responsibility of the planning, design and implementation of capital improvement projects and the coordinating of all construction to meet the program needs for the Mental Health Department, as it relates to new or renovated facilities.

The Village "B" project in Anderson is progressing and the Architects/Engineers have been working with the Planning Committee in establishing space needs to meet the treatment program. The Clemson Architectural Foundation is presently working on a site model.

The Feasibility Study of the Mills Building has been completed and the reports have been distributed to all interested parties.

The Thompson Building Renovation and Air Conditioning Project has been bid and is awaiting consideration by the Mental Health Commission.

The two campus study projects (South Carolina State Hospital and Crafts-Farrow State Hospital) are progressing and the reports should be available for consideration by the Mental Health Commission in late August 1979.

The new 300 bed addition for the Tucker Human Resources Center has been awarded to an Architectural/Engineering firm and the plans should be completed by early fall 1979.

Major projects for the improvement of existing facilities not mentioned above include the following:

BRYAN PSYCHIATRIC HOSPITAL

1. Renovations to the kitchen and dining area are complete.
2. Bids have been received to fence in the lake and are being considered by the Commission.

CRAFTS-FARROW STATE HOSPITAL

1. Plans completed and awaiting bids for re-roofing of several buildings.
2. Exit stairs for Building 18 awaiting bids.
3. Bids being received for unusable surplus buildings and farm structures.
4. Nursing Education building 11 awaiting campus study report.

PROJECT COIL

1. The property on Carter Street has been purchased by the Department.

MORRIS VILLAGE

1. Re-roofing project has been initiated.
2. Modular classrooms — awaiting bids.

SOUTH CAROLINA STATE HOSPITAL

1. Dr. Daskocil's residence — fire damage repair completed.
2. Modular classrooms — awaiting bids.
3. Boiler replacement — A/E working on plans.
4. Recreation — Canteen Project — awaiting campus study report.
5. Byrnes Clinical Center — plans underway to replace x-ray equipment.

TUCKER HUMAN RESOURCES CENTER

1. Additional parking lot is completed.
2. Replaced ceramic tile in all shower rooms.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

1. Door wire glass replacement for ward areas plans completed.
2. Renovated hearing clinic in Cottage "A" into space for doctor training.

VILLAGE SYSTEM ENERGY FACILITY

1. Pumping system for lawn sprinklers completed.

DEPARTMENTAL SERVICE OPERATIONS

Report covers the following organizational entities:

Upholstery	— 20071
Consumable Inventory Accounting	— 20072
Fixed Assets Accounting	— 20073
Warehouse	— 20074

1. *Upholstery:*

Since one personnel space was released during this Fiscal Year, the activity is now a one man operation and handles primarily emergency requests for furniture repair and covers pillows and mattresses for the various mental health facilities. Bulk upholstery repairs are sent to the Department of Corrections. The SCDMH Upholstery Shop charges only for cost of material and supplies. No labor is charged. For FY 78-79 the total charges made from its account were \$14,821.43.

2. *U.S.D.A. Commodities:*

During FY 78-79 the Department was able to obtain from U.S.D.A. 18 different food commodities. The value of these donated commodities consumed during this period was \$298,640.73 and additional Commodities valued at \$176,280.77 are stored in our warehouse available for use.

3. *Consumable Inventory Accounting and Warehousing:*

During FY 78-79 stock purchases valued at \$5,277,139.52 were received and issues totaling \$5,111,656.61 were made. These receipts and issues were in addition to the value of U.S.D.A. Donated Commodities. A total of 78276 computer transactions were made to record these receipts and issues. During this period, two inventories were conducted in the supply points with results as follows:

Overall Inventory of October 25, 1978:

Items in stock — 5578

Dollar value of inventory	\$1,504,489.80
Adjustments minus	\$ 6,983.66
Adjustments plus	\$ 6,752.14
Net minus	\$ 231.52

Net adjustment of .02% minus for 10-25-78

Overall Inventory of April 25, 1979:

Items in stock — 5648

Dollar value of inventory	\$1,228,979.46
Adjustments minus	\$ 5,920.55
Adjustments plus	\$ 5,066.94
Net minus	\$ 853.70

Net adjustment equal minus .07% of the total dollar value of inventory for 4-25-79. One personnel space was released in the warehouseing section during this period and no items were stored in rented storage space, which resulted in a savings of approximately \$14,000 over the previous year when some items had been stored in the General Services Warehouse.

4. *Salvage:*

Disposal of salvage departmental property and scrap during FY 78-79 netted the Department \$31,875.00 as shown:

a. Cans, drums, rags, scrap, etc.	\$12,842
b. Beef, fat and bones	\$ 3,488
c. Vehicles (thru State Surplus)	\$15,545

5. *Fixed Assets Accounting:*

Physical Inventory of nine major Control Points, seventeen Centers

and Clinics with forty-nine satellite offices was accomplished during FY 78-79. This represents an increase of one major Center, Lexington Mental Health Clinic. In addition to inventories, fixed equipment at Bryan Psychiatric Hospital was inputted into the records.

SOUTH CAROLINA STATE HOSPITAL

SUPERINTENDENT'S REPORT

In many ways the fiscal year 1978-79 was a year of preparation for the future. South Carolina State Hospital staff worked extensively with a consulting firm of planners to develop a future course for the facility.

The plan which resulted was based on the Department's commitment to build regional decentralized psychiatric hospitals with the eventual result that South Carolina State Hospital will be reduced to 800 beds exclusive of the Byrnes Clinic and the Court Unit. A thorough study of the physical condition of the campus was completed and the findings revealed that essentially the entire campus must be rebuilt to provide treatment facilities which meet modern standards. A plan to begin the redevelopment process is pending approval and implementation by the Mental Health Commission.

Because of the need for a comprehensive plan as mandated by the Legislature, many of the projects that were pending as of our last annual report are yet incomplete. It appears that the Thompson building renovation may be permanently foreclosed due to its incompatibility with future directions. The sprinkler system in the Byrnes Clinic was recommended in the Plan and should soon be a reality. The Canteen and Activities Center are also advocated in the Plan, but may be several years in the future.

Some goals from previous years were realized. Three wards were closed in the Babcock building and the staff was utilized to great advantage to relieve understaffing on other wards. The negative aspect is that we have sharply reduced our margin of vacant beds; thus, day by day monitoring is required to insure that there are adequate beds for new admissions. We believe that the overall result is positive because we are utilizing our better buildings to the fullest and assigning staff more efficiently.

The budget situation continues to be a matter of ever increasing concern. Due to budgetary pressures, we were forced to eliminate 59 positions in FY 1978-79. This was done in spite of total admissions almost identical to the year before. The patient-staff ratio worsened in every

treatment discipline. This situation threatens to erase gains made in the past decade and jeopardizes accreditation.

One very important factor developing at the end of the year helped to close the period on an optimistic note — the apparent support by the Commission of the Campus Plan. We feel that a commitment in terms of new facilities is absolutely necessary to the continued progress of this hospital.

Future Goals

Should the Commission approve the Campus Plan, we will urgently request the immediate construction of new beds. We will also request the immediate installation of the Byrnes sprinkler system.

Classrooms should be constructed in the very near future for our children's program. New radiology equipment should also be installed within six months. Improvements will be made in our quality assurance program this fiscal year as well as in treatment planning and documentation.

All disciplines and organizational components will devote their full attention toward readying the hospital for the 1979 JCAH survey in the adult psychiatric, children's psychiatric, and medical-surgical programs.

UNIT I

Goals Accomplished:

The Step-Up Program, Parker Annex, continued to be successful in placing institutionalized patients out of the hospital. In addition the program was extended to accept patients of younger age groups who do not meet the criteria for Ward 205, Male Community Preparation Ward, to prepare for independent living.

The program on Wards 205, and 122, Male and Female Community Preparation Wards respectively, continue to work successfully in preparing and placing patients into the community.

The more distant wards, Ward 300, Ward 310, and Ward 210, were closed for all patient services. These wards were closed in order to make the patients more readily accessible for care in case of emergencies and also to provide greater safety for patients.

Greater care was taken in establishing a cooperative working relationship with Whitten Village.

Rotation of the medical staff on Ward 200, Admitting Ward, was started for educational reasons.

Patients from the geographical areas of York-Chester-Lancaster were transferred from Unit One to Unit Two with the exception of some few patients who have been or will be placed into the community.

Goals for 1979-1980:

To eliminate Babcock Building as a facility for psychiatric patients and to house patients in a more modern psychiatric facility.

UNIT II

During the fiscal year 1977-78 there have been administrative changes which have affected the Unit. As Bryan Psychiatric Hospital has increased its admissions, the number of admissions to Unit II was drastically reduced as were the number of acutely ill or short term patients and the Unit's overall census. This development led to the addition of another three county (Spartanburg) catchment area to Unit II. In May, Unit II began admitting all patients from this area with the plan to move the chronic long-term patients from Unit I to Unit II on "as space is available" basis. This latter process has begun. Significantly the addition of the Spartanburg area patients presents Unit II with a new challenge. The Spartanburg area represents one of the densest populations of the state and it is the most highly industrialized with all of the attendant social-cultural problems which industrial development bring. Unit II is now responsible for patients from 18 of the state's 46 counties including two major population centers — Columbia Area and Spartanburg Area. Within the Unit, staff sees a trend toward a long-term chronic population with the need of possible changes in our staffing patterns and certainly changes in treatment emphasis and discharge planning. The addition of the Spartanburg area has meant some shifts in Social Work Service assignments and has caused disruption of ward programs.

The number of patients placed in alternate care facilities is exactly the same as that for the previous fiscal year (57). Perhaps of some interest is the fact that of 45 patients placed in licensed boarding homes, 22 were patients with multiple admissions — from 4 to 19 — rather than patients who have had one continuous hospitalization.

UNIT III

Unit III continued to serve the counties of Beaufort, Jasper, Colleton, Hampton, Allendale, Charleston, Dorchester, and Berkeley, working closely with Community Health Centers, and many other agencies, state and private, to insure all who are admitted receive quality treatment, individual consideration, and sustaining rehabilitation services.

We have maintained a constantly improving physical and psychological environment involving all disciplines in Unit III programs. Patients continue to benefit from participation in the three psychological services programs; Social Work Service has been able to improve service with

more follow-up contact; Activity Therapy has worked hard in working with the patients on many of their projects and trips; Vocational Rehabilitation has been able to work with the patients toward higher goals during this past fiscal year, and Chaplaincy has been able to work with the patients through group meetings and individual therapy.

Nursing personnel have continued their cooperation, individually, and as members of the Unit team; meetings with patients on wards at least weekly and providing input on various committees. Staff have also participated in numerous activities on and off campus with patients, while striving for better working relationships with all disciplines and endeavoring at all times to maintain nursing functions and identity.

For the past three months the admission rate of Unit III has been doubled even though the two counties assigned to Unit III, Williamsburg and Georgetown, were taken away. We are still getting an over load of patients at the Charleston Area Mental Health Center. This situation will not change due to local factors in Charleston.

UNIT IV

Unit IV continued to have four female wards and five male wards to service the Unit IV county patients. No new or additional wards or buildings were added during this fiscal year.

During this past fiscal year the unit Nutritionist has had patient menus distributed to all Unit IV wards on a weekly basis and saw that Nutritional Assessments were done on every Unit IV patient who was receiving a special diet.

Psychology in Unit IV fulfilled its goal to have a current psychological evaluation in all folders of Unit IV male patients. Approximately 152 female and 249 male patients in Unit IV received psychological evaluations during this fiscal year. Twenty new treatment programs with psychologists in Unit IV participating were initiated on various Unit IV wards. Some of these were: Orientation Group, Reality Therapy, Information Interaction Procedure, Insight Group, etc.

Unit IV Activity Therapy began six new programs during this past fiscal year: Hortitherapy Referral Groups, Unit-wide Exercise Group (for patients and employees), Adaptive Swimming, Activities of Daily Living, for every ward, Comprehensive Music Therapy Programs, and a Comprehensive Occupational Therapy Program. The Activities in Daily Living Program has been expanded to include 45% of all Unit IV patients.

The Unit IV Clinical Chaplain served as co-therapist with Psychology in a new Problem Solving Group.

MEDICAL-SURGICAL

The Byrnes Clinic Medical-Surgical Service has experienced an extremely active year since July 1, 1978, although the total number of admissions and discharges remained essentially unchanged from the previous year. The outstanding quality of care for our patient population has placed heavy demands on the personnel of inadequately staffed services, and unfortunately we lost a number of our better personnel through transfer to other Mental Health Areas where work demands are less strenuous than those at Byrnes Clinical Center.

The various services in this unit have provided excellent care for the patients receiving medical and surgical treatment at Byrnes Clinical Center in spite of increased utilization in most areas during this fiscal year. It is indeed fortunate that the services are staffed with such a dedicated group of health professionals who are willing and able to meet the demands placed on them by this facility which requires psychiatric care as well as medical and surgical treatment, a double care requirement. The inadequate patient/personnel ratio was accentuated even greater by the conversion of Ward 428 and Ward 528 to prolonged medical care areas with a maximum census of patients being treated on these two floors without additional personnel to care for this increase of patients having both physical and psychiatric disabilities.

The development of an independent Registrar and Medical Records Department at Byrnes has greatly improved the efficiency of keeping records, compiling statistics, retrieving records, monitoring records, and organizing records. Patients' hospital records have shown considerable improvement under the improved surveillance of the new Registrar's Office. The establishment of this department has proven to be an outstanding advancement in the operation of Byrnes Clinical Center during the fiscal year.

The Byrnes Clinical Center Nursing Service is to be most highly commended on its exceptional care of patients in spite of the extremely poor patient/personnel ratio.

CHILDREN AND ADOLESCENTS

Reviewed by JCAH in September, 1978, the Child-Adolescent Program was granted a 2 year accreditation. An updating of the policy manual was one of the major projects in preparation for the visit. Unit personnel are already preparing for the next accreditation visit by educating themselves and revising policies in line with new regulations.

An active year, admissions increases 28% from fiscal year '78 and 47% from fiscal year '79. With the accompanied loss of staff in this same time

frame, the services offered have been significantly altered. Within the unit new services have been offered. The activity therapy personnel have operated an active program primarily in the afternoon, evenings, and weekends. This additional structure has greatly increased the opportunities for additional observation, evaluation and interpersonal feedback. Research has been completed in the unit and further research is being performed.

COURT UNIT

The fiscal year, July 1, 1978 to June 30, 1979, showed seven hundred and nineteen admissions to the Forensic Psychiatry Service Unit. Ward 297, which is located at the Central Correctional Institution, housed five hundred and fifty-nine of these patients. One hundred and sixty were admitted to the Court Unit wards located on the hospital campus. Sixty-two of these patients were female.

VOLUNTEER SERVICES

During the year 358 groups consisting of 2,317 Volunteers contributed 3,703 service hours. Group Volunteers consistently visited an assigned ward (group adoptive ward) regularly and provided activities of a social and recreational nature, including the serving of refreshments and recognizing patients having birthdays during the month. Groups averaged out at 30 per month. Local church groups were in the majority, although others included Garden Clubs, School and Civic Groups and County Chapters of the Mental Health Association across the State.

The 44 individual Volunteers contributed 531½ service hours and were most often assigned to the Activity Therapies Service. The number of individual Volunteers varied from month to month. They worked with patients under the supervision of staff and usually in a one-to-one relationship in treatment goal oriented programs.

The number of both group and individual Volunteers and the number of service hours is less than in the prior fiscal year. A couple of factors may have contributed to this decline:

1. Some Volunteers are returning to paid employment as a result of rising costs.
2. Young mothers are becoming increasingly involved in car pooling and in taxiing their youngsters to various after school activities — consequently, little time is left for Volunteer work.

CAMPUS POLICE

During the fiscal year 1978-79, the Campus Police Division continued its effort to pursue training programs and the upgrading of the skills and profession of our personnel. We had five officers to attend the Supervisor Inservice Course at the Department of Mental Health. Two officers successfully completed the two weeks U.S. Department of Justice Drug Enforcement Training Seminar; two Investigators attended a two week course on Criminal Investigations, a two week course on Basic Fingerprinting, and a one week course on Criminal Photography. Six new Campus Police Officers completed the ten week Basic Police Recruit Training Course, thus making our entire division certified in accordance with S. C. Law, three officers and three dispatchers attended a seminar on Radio Procedures, all at the S. C. Criminal Justice Academy. Several members also attended a course on Crisis Intervention.

The Campus Police Division traveled a total of 168,770 miles, transporting 4,282 non-Court patients and 1,424 Court patients on campus, 154 out-of-town trips were made transporting Court Cases, in addition to handling 2,623 calls on campus and 138 out-of-town trips with non-Court patients for the Transportation Division, totaling 2,384.25 hours of service. The Campus Police Division made 28 criminal arrests on an assortment of violations, including violation of the Contraband Law and Patient Abuse. A total of 15,985 calls were received for police assistance and 729 calls from the Department of Mental Health, William S. Hall Psychiatric Institute, Long Term Care and Project COIL.

This division more than exceeded the goals it set during the last fiscal year. All officers were again requalified with the service revolver at SLED. The division received two new patrol vehicles, five much needed radios, and one additional position.

Our Goals for Next Year:

1. Qualify all officers in CPR procedures.
2. Additional portable communications equipment.
3. Additional personnel to handle our increasing work load.

We would like to salute the retirement of one of our officers after thirty years of faithful service.

ENGINEERING

The division, particularly the Construction, Utilities and Grounds-keeping Sections, concentrated primarily on completing projects that should ultimately aid South Carolina State Hospital's Psychiatric Unit,

the Byrnes Clinical Center and the Children's Psychiatric Program becoming reaccredited by JCAH. This work includes completion of smoke partitions being installed to meet fire safety codes. It also includes completion of Nurses Stations that would provide a more responsive arrangement to patients' needs. In addition, many items relating to fire safety were remedied. General improvements including painting, glazing and groundsupkeep were accomplished to provide an improved environment for the patients.

FOOD SERVICE

The Food Service Division continues to strive to prepare and serve nutritious foods to patients and employees. The division is presently composed of a Food Service Director, one Nutritionist III, four Nutritionists II, eight Food Supervisors, and approximately 200 supportive personnel.

Inservice education classes continued for Food Service personnel, with a variety of topics covered, being taught by staff nutritionists, Food Service supervisors, and hospital auxiliary personnel. The professional staff of Nutritionists attended many workshops, seminars, conventions, etc., for continuing education, including the American Dietetic Association Annual Meeting in New Orleans, S. C. Dietetic Association Spring and Fall Meetings, and the S. C. Department of Mental Health Annual Meeting. Workshops attended covered such topics as diabetes mellitus, JCAH, charting, nutritional assessment, care of the aged, and a Congressional Conference on Nutrition. Staff Development courses were also taken advantage of with staff represented at classes on Problem Solving Techniques, Performance Appraisals, Clinical Picture of Psychopharmacy, and Religious Dimensions in Mental Health. The Columbia Area Dietetics Association held their annual dinner meeting at W. S. Hall Psychiatric Institute sponsored by the members from S. C. State Hospital. The Nutritionists participated in National Nutrition Week by helping to man a booth at Columbia Mall.

A food acceptance survey was conducted to determine particular food preferences of patients and employees. A Nutritionist from Crafts-Farrow State Hospital began sharing the responsibility of planning menus on a three month cycle with the Nutritionist III at S. C. State Hospital.

The S. C. Department of Mental Health Diet Manual was reviewed for 1978 by the Nutritionists from all facilities, and distributed to physicians and nursing personnel.

Goals for the year 1979 were established by each Nutritionist for her own area. The Nutritionist for the Children's Unit assisted in preparation for accreditation by JCAH.

The Medical Records Audit Committee for the first time audited nutritional services. Criteria were established for nutritional assessments and progress notes.

SUPPLY AND SERVICE

The Hospital Supply Branch is continuing to improve the areas of the hospital where patients reside and congregate. These areas are being refurnished as the need exists by the addition of new furniture colors and patterns to these areas.

A need still exists for a suitable central storage area for consolidation of all equipment, thereby eliminating the scattered areas now being used. There would be a great savings in energy and efficiency in operations if this move were made possible.

The overall operations of the Hospital Supply Branch continues to show improvement, especially as to orders for the Token Programs being realigned to fit in with the dietary planning of the hospital.

The upgrading of patients' wearing apparel was continued from the previous year. We are now purchasing all wearing apparel from outside sources. The Manufacturing Unit's main function is making curtains, drapes and specialty items. All operating room wraps and isolation gowns are now disposable.

The Laundry building is still in dire need of a new roof and central air conditioning.

During the year a total of 2,198,588 lbs. of soiled linen and clothing were laundered. Of this total, 1,468,870 lbs. were laundered on the hospital campus. The Department of Corrections laundered 729,718 lbs. This constituted 67% Hospital Laundry and 33% Department of Corrections. The cost of hospital laundry service was .06½ cents per pound versus 9½ cents per pound Department of Corrections effecting an actual savings of \$44,066.10. In addition to the monetary saving, the real gain is in better quality laundry work and service to our patients. Nationwide for hospitals in the same category as the S. C. State Hospital, the average poundage per patient per week is 27 lbs. — our average for this was 27 lbs. per patient per week based on a patient strength of 1,569. During the past four years, laundry work accomplished on the hospital campus has effected a saving of \$186,538.00. These factors cited above certainly warrant consideration be given to furnishing us with appropriate facility and equipment to do all of our laundry on the hospital campus.

FIRE AND SAFETY

Eleven fires occurred during the fiscal year with a total damage of \$1,888.83.

Two hundred eighty-three new aides attended the twenty-four classes which were held at Inservice Training on Emergency Evacuation; also, films pertaining to Emergency Evacuation due to fires were viewed. How to use the fire extinguishers and the type extinguisher to use on different classes of fires was discussed. The film and demonstrations were presented by instructors from the Columbia Fire Department, and the South Carolina State Hospital Safety Coordinator.

Fire Safety films, "Prognosis-Fire" and "Prognosis-Safety" were shown in all Nursing Units, Food Service, Activity, and Registrar, with a total of 325 employees viewing the films and participating in fire safety discussion.

Practice fire drills were held on each ward during the morning and afternoon shift every three months for a total of 354 drills. A discussion with the night employees on procedures to be followed by all personnel discovering a fire was also held on each ward every three months totaling 163 discussions. All practice drills and discussions came to a total of 517. All areas were inspected monthly for fire and safety hazards.

HOUSEKEEPING

The past year the Housekeeping Department has made great progress in accomplishing its mission. However, due to the shortage of personnel, the Housekeeping Department is still unable to function as effectively as we would like because of scheduling employees off for working weekends. Hopefully with the closing of several wards in the near future, this will aid tremendously.

We are still looking for a suitable place to hold our regular monthly meeting and training program. This is very difficult to do because of our small place and the large number of employees in Housekeeping.

Effective July 1, 1979, the South Carolina State Hospital was assigned to provide janitorial service for the South Carolina Department of Mental Health Building. The total square footage for this building is 78,455 square feet. Added to our present footage at the State Hospital this brings our square footage to a total of 890,942 square feet.

REGISTRAR

The total number of admissions during the fiscal year was 3,601 (a decrease of 179 over the last fiscal year). Of this number, 429 were

voluntary admissions, 2,381 were emergency admissions, 43 were judicial admissions, 666 were committed by the criminal court, and 79 were classified as other admissions. To escort patients to the various counties for examinations and hearings required 2,273 trips. During the past fiscal year the Admission and Disposition Office served 9,524 sets of legal documents.

During the fiscal year, the hospital staffed 6,157 patients while discharging only 2,053 of these patients, 33.5% of these patients staffed were discharged. During the year 16,520 records were prepared and microfilmed along with more than 500 death records. Compared to the previous year the number of minutes dictated decreased by 544. The number of minutes transcribed decreased by 430. The Transcription Branch has been able to stay very current with all dictation being transcribed on a day-to-day basis.

During the past fiscal year, the Medical Records Department in Byrnes Clinical Center has experienced some changes including the changing of criteria of review under PSRO (Professional Standards Review Organization). We are now using the South Carolina Medical Care foundation PSRO Guidelines for Health Care Evaluation (Second Edition).

Another change to take place was regarding the changing of Wards 428 and 528 to long term care units. This has affected the medical records area in that these patients' records are being revised on a long-term basis rather than acute care basis.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S REPORT

During the past year Crafts-Farrow has seen some positive changes and improvements. Many of our goals were reached. Our census has dropped as low as 1500 after rising to 1660. Currently it is 1520. Some of the crowding, of course, has been eliminated with the decline in our census. When the new ICF is completed a further drop in our population is expected. Many of our patients will be going to live in that new facility. Further impact will hopefully materialize for us from the several hundred new nursing home beds that are being completed. We will be able to transfer many of our resident care patients into these beds. In addition, the State Department of Mental Retardation has promised to screen our M.R. population. We anticipate that some of these patients will be transferred to M.R. facilities where programs and monies are available for their care. All of this will make quite an impact on Crafts-

Farrow and its population, perhaps the day is not too distant when Crafts-Farrow can reduce its census to approximately 800.

Efforts to establish a new Department of Physical Medicine and Rehabilitation have been thwarted by our inability to recruit a physiatrist to head the program as well as physical therapists. Intensification of our recruitment efforts however, will succeed and this will be one of our goals for this coming year; to make this Department a reality.

Another one of our goals reached during this past year was the expansion of our Learning Lab into a fully staffed Continuing Education Center for many of our employees. During the coming year we plan to expand this even further with more programs covering a wider scope of subjects and needs. Steps are being taken to place in computer records the training received by our employees. This will be a part of the personnel records and will facilitate our reporting affirmative action taken for employees.

Through our Social Work Department we have sought to enhance our working relationship with the various MHC with some success.

Clustering our patients according to their physical needs is in progress. This will make caring for our patients easier, will facilitate establishing appropriate programs and proper staffing. In conjunction with this, a committee for coordination of patient activities has been established and is active.

In order to assure quality patient care, the position of Quality Assurance Coordinator has been established. Infection Control is a part of Quality Assurance. An Infection Control nurse has been hired to implement a hospital-wide program of infection control. Policies and procedures are being set for the expansion of these programs.

Efforts are underway to write a policy and procedure manual for Crafts-Farrow. This should be a reality by the first of the calendar year.

We continue to offer support services to Morris Village and Bryan Psychiatric Hospital. This has placed additional pressures on our lab, X-ray, and pharmacy services. Thus far, we have been able to respond but, as BPH continues to grow we will need additional personnel to continue these support services.

QUALITY ASSURANCE DIVISION

New quality assurance standards were implemented during the past fiscal year. Medical Audit reviewed all new admissions; also monitored (on a quarterly basis) were the records of approximately 700 Medicaid recipients, with findings and recertifications forwarded through the Medical Records Section to the Department of Social Services.

In compliance with requirements, reviews in the form of patient care evaluations, have been provided on known or suspected problems. To meet criteria, evidence must be obtained that the problems have been resolved or reduced to an acceptable level and that this has been documented in follow-up action.

In addition, a program for infection control throughout the hospital has been initiated.

EMPLOYEE RELATIONS

This office again worked with employees at all levels in an effort to resolve problems and questions concerning policy interpretation. Policies and regulations most often questioned involved attendance, leave, scope of supervisor's authority and employee's responsibility, and general treatment of employees by supervisors. It is felt that many of the problems could be alleviated by more adequate ward supervision. To this end, a recruitment program was begun by the CFSH Personnel Office and Nursing Service. Contact was made with directors of S. C. Nursing Schools, and displays were set up at several of the college "Career Days." An open house was conducted in the spring in order to familiarize nursing students and faculty with geropsychiatric nursing and the opportunities for the new nurse at Crafts-Farrow.

Routine personnel services were also provided. These included assistance in applying for membership in State or Departmental organizations and for changes in benefit plans; general orientation of new employees; retirement processing, assistance in filing insurance claims, and guidance during grievance procedures. Employee Relations coordinated the various fund and blood drives, as well as the Outstanding Employee selection process. Training reports necessary in monitoring the Affirmative Action Plan were compiled and submitted to the Department. Personnel continued to publish the facility newsletter and to submit information for publication in The Report. The English-Second-Language class was discontinued due to lack of interest by the foreign-born employees.

VOLUNTEER SERVICES DIVISION

Volunteer Services held its first Open House to welcome and honor volunteers. The occasion provided an opportunity for volunteers, as well as staff members, to visit all areas of the Volunteer Center, become familiar with its various functions, and become acquainted with each other.

One individual volunteer served hundreds of hours as a Volunteer

Group Coordinator, filling an important need for closer association and better communication with volunteer groups who visit on the wards. New groups included an Interact Club from Richland NE High School, Outreach Club from Fort Jackson and several new church groups. As a field placement from Midlands Tech, one student gave more than 120 hours in Library Services. Monetary contributions were used to purchase coffee urns, radios, ice-cream freezers, and dozens of "special request" items for individual patients.

Ongoing programs were: operation of the Volunteer Services Clothing Shop, publication of the patients' monthly newsletter, volunteer-patient bus trips into the community, weekly Sing-A-Longs on wards, "adopt-a-ward," Operation Santa Claus, and volunteer entertainment programs for the pleasure of the patients.

Volunteers were honored at a Recognition Luncheon and were also guests of honor at a drop-in and tour of the Governor's mansion.

Goals for the coming year will be to establish and maintain closer ties with citizens and friends in the community and to stimulate interest through orientation and education.

PROFESSIONAL SERVICES DIVISION

Professional Services comprise the combined coordinated functions of the Admission-Exit, Medical and Resident Care Services.

All areas have continued to provide the best quality patient care possible with the available resources. Continued efforts are being made to keep abreast of medical knowledge as it may apply to the care and treatment of our patients. A Continuing Education Committee has been established and three hospital programs were presented with CME Category I Credits, under the sponsorship of William S. Hall Psychiatric Institute. Six special workshops at Crafts-Farrow State Hospital were scheduled in 1979 through the cooperation of Area Health Education Center at Richland Memorial Hospital and Crafts-Farrow State Hospital. Arrangements were made for the Medical Staff to attend Medical Conferences at Richland Memorial Hospital with CME Category 1 Credits and Clinical Pathological Conferences were established on a monthly basis at Crafts-Farrow State Hospital under the sponsorship of Richland Memorial Hospital Department of Pathology.

Two State-Wide Programs were developed by the Chaplaincy Department in cooperation with SCDMH, S. C. Commission on Aging, S. C. Christian Action Council, S. C. Department of Health and Environmental Control, S. C. Department of Social Services, S. C. Federation of Older Americans, S. C. Health Care Association, and the University of S. C.

There were 1,112 patients admitted this year, June 1978 through June 1979. The average age the first quarter of 1978 was 67 while the average age the first quarter of 1979 increased to 74. Medical problems have increased proportionately and have influenced the treatment required from all disciplines. Cluster of patients with similar medical problems has begun in order to give more complete care and treatment.

An Activities Coordinating Committee has been developed to help plan and carry out activities for patients in all areas of the hospital for comprehensive therapy.

ADMISSION-EXIT SERVICE

The Admission-Exit Service during the fiscal year 1978-1979 continued its primary function of evaluating, diagnosing, and treating newly admitted patients and arranging for post-hospitalization aftercare treatment of discharged patients. With the opening of Bryan Psychiatric Hospital, the admission of all Criminal Court Observation Cases to South Carolina State Hospital beginning June 1, 1979 and improved transfer procedures within the admission unit, there resulted a decrease in physicians' case assignments. As such, the Admission-Exit Physicians assumed the additional duties of supervising physicians on Resident Care Wards or providing physician coverage for small Resident Care Wards. Currently there are 8 physicians, including 6 trained psychiatrists assigned to the Admission-Exit Service.

ADMISSIONS PROGRAM — BUILDING NO. 1

Building 1 receives all admissions to the hospital. The Admissions Program is shaped and aimed to the needs of those newly admitted patients, and within its functions, are included consultations, investigation assessment, diagnosis, treatment and placement. To accompany these tasks, the program has been staffed with eight full-time physicians, five of them trained psychiatrists, eight social workers working directly with the medical staff (one social worker with one doctor), registered nurses, licensed practical nurses, and other nursing personnel. Besides this, all other disciplines have assigned personnel to the program.

OPERATION EXIT PROGRAM — BUILDING NO. 6

The Operation Exit Program is primarily designed to enhance each resident's potential for leaving the hospital situation and to insure a satisfactory community adjustment, whether this be alternate care placement or a return to the family situation. Assistance from family

members and community resources is enlisted in the endeavor whenever feasible.

Various group and individualized activities are made available to assist in enabling the individual to meet the demands of community life. Activities available to all patients include: grooming class, concentrating on specific hygiene problems, basic skills, and etiquette; community trips such as shopping, dining out, and tours; group therapy sessions; arts and crafts classes; recreational activities, on and off the hospital campus; music therapy, Bibliotherapy; letter writing sessions; exercise and devotional services; current events. More individualized group activities include: nutrition classes for the diabetic, obese or hypertensive patients; reality therapy for the more confused patient; individual psychological sessions; self medication for those patients preparing for discharge; A. A. groups for alcoholics; adult education classes; home care skills; and the COIL Adult Development Program.

Weekly community meetings are conducted by the residents in which new residents are introduced, suggestions are made to staff regarding program policy, and other general business is discussed.

The Problem Oriented Record System, initiated as a pilot project in 1974, remains a vital and beneficial aspect of the Operation Exit Program. It provides for structure, total staff or interdisciplinary input, and a basis for our individualized treatment and endeavors.

RESIDENT CARE SERVICE DIVISION

The Resident Care Service comprises the major portion of the patients under treatment at Crafts-Farrow. At the end of the fiscal year 1978-1979 this group consisted of 1,036 patients, many of whom had been hospitalized for long periods of time. During this present year approximately 500 were discharged to their families, boarding homes and to approved intermediate care nursing facilities throughout the state. Every effort is made to ensure that these facilities are suitable to the individual needs of the patient and that the patients' behavior patterns are such that a successful adjustment to that placement is to be reasonably expected. Prior to their placement, the patients' Social Workers discuss the proposed placement with the responsible members of their families and every effort is made to place them in approved facilities as close to their home communities and families as possible. As a result of coordinated teamwork only 12 of our discharged patients were re-admitted to Crafts-Farrow State Hospital.

During this past fiscal year much has been done to improve the attractive and therapeutic appearance of the wards of the Resident Care Service buildings through the addition of pleasing curtains and drapes

and live green plants. Volunteer Services under the direction of Mrs. Mabel Hicks has been most helpful in obtaining these additions. Activities Therapies provided a large number of well chosen activities which were enjoyed by the patients of Resident Care Service.

MENTAL RETARDATION PROGRAM — BUILDING 8

"Project Independence," a program designed to rehabilitate and de-institutionalize the mentally retarded residents of Crafts-Farrow State Hospital, has been in existence since August, 1974. As with previous program participants, many of the mentally handicapped residents admitted during the past year have been hospitalized for several decades without specialized training.

The focus of the program is to facilitate the return of these residents to the community. This is accomplished through a structured training program which encompasses all aspects of daily living and seeks to develop the basic skills necessary for an individual to cope with his environment successfully.

Each resident is evaluated and placed in a treatment program geared to his level of performance and degree of retardation. Basic training programs at each level include grooming, table manners, resocialization skills, crafts, music therapy, and recreation. Additionally, residents who will be discharged to families or boarding homes receive training in basic kitchen and household skills. Two special education teachers provide individualized and classroom programs emphasizing basic numerical and money concepts, (pre) reading and (pre) writing. The Speech and Hearing Therapist conducts individualized therapy for residents having speech and hearing disorders and group language therapy for residents needing improvement in listening and memory skills.

The Behavior Modification Specialist organizes group behavioral programs to be co-conducted with other group activities and plans special programs for residents exhibiting behavioral problems. The program has continued its utilization of the Token Economy System, but has also designed a primary reinforcement schedule for residents who are unable to respond to token reinforcement. The program also utilized services provided by the Vocational Rehabilitation Department and Project COIL and receives support from personnel who include a psychiatrist, three physicians, psychologist, chaplain and dietician.

MEDICAL DIVISION

McLendon Clinical Center, Buildings 4, 14, and 16 of Crafts-Farrow State Hospital comprise the medical compound. Patients are admitted

from the Crafts-Farrow State Hospital, Morris Village, and Bryan Psychiatric Hospital with acute diseases, inter-current acute diseases, and chronically ill with acute episodes of their diseases.

Outpatient clinics are regularly scheduled and supervised by qualified specialists. All disciplines of medicine are covered by these clinics; four of these areas have been organized this past year. This outpatient service is also extended to Morris Village and Bryan Psychiatric Hospital.

The physician staff has not increased in number, but the level of training is significantly improved due to a great turnover in employees.

There has been a great increase in the turnover ratio of patients as well as an increase in numbers to the clinics.

Laboratory:

The Laboratory provided a broad range of analyses, completing over 250,000 individual tests, a 35% increase in workload. Expansions were seen in the whole range of services provided. The Laboratory handled the clinical lab work for Bryan Psychiatric Hospital as well as Crafts-Farrow and Morris Village. In addition, phlebotomy service was provided daily at the McLendon Center. With the purchase of a centrifugal analyzer, the department significantly increased its capacity for providing more comprehensive profile coverage. Arrangements were made with Richland Memorial Hospital to provide consultant pathologists for the Department of Mental Health.

The Laboratory continued to involve itself in teaching/training programs in conjunction with nursing education for the Crafts-Farrow, Morris Village, and Bryan Psychiatric Hospital staffs. The Laboratory continued its policy of encouraging further education and training of its own staff members through endorsing attendance at a variety of workshops and seminars.

Physical Therapy:

The Physical Therapy Department provides treatments for both restorative and maintenance purposes for patients and employees in the Crafts-Farrow State Hospital and for residents of Morris Village as prescribed by a physician.

Equipment is being maintained in good working order by periodically replacing worn-out parts. We have acquired a Sollux Infrared Lamp with an intensity regulator up to 800 watts, a utility table and cabinet to be used as a stand for the small Hydrocollator Pack Cabinet and a multi-use low-volt muscle stimulator ("Medcolator"). We have also acquired two electric turbine ejectors and two thermometers to be used as replacements in the whirlpools. Some units will need replacement due to normal wear and tear.

The workload has continued to increase this past year. A total of 802 patients have received a total of 13,197 treatments. Of these patients, 12 have had cerebral vascular accidents, 5 of these have spastic paralysis which require more time and work for their therapy.

Radiology and Electrocardiograph Service:

Workload:

The Radiology and Electrocardiography Service experienced a considerable workload increase as compared to the previous year. There was a 16% increase in the radiology workload, while there was a 29% increase in electrocardiograms. This amounts to a total workload increase of 45%.

Personnel:

The Pitts Radiological Associates, P.A. continued to provide us with excellent radiological coverage. Dr. Joseph Tobin, an internist, became available on a full-time basis to provide interpretations. Dr. Julian C. Adams, a neurosurgeon, was employed as a consultant for electroencephalograms. An additional x-ray technologist position was acquired this year to compensate for the workload increase brought on by Bryan Psychiatric Hospital. Our technical staff now consists of an x-ray technologist supervisor and two x-ray technologists.

Equipment:

Diagnostic capabilities were increased this year, by adding a Linear Tomographic system, which cost \$2,736.00. The x-ray film processor is being replaced at a cost of \$10,500.00, as replacement parts for the old processor could not be obtained.

Supplies:

Expendable medical supplies for radiology totaled \$22,622.50 and for E.K.G. \$769.94.

Reimbursements:

Crafts-Farrow State Hospital was reimbursed from the following facilities for the amounts shown below:

	<i>X-Ray</i>	<i>E.K.G.</i>	<i>Total</i>
Bryan Psychiatric Hospital .	\$14,757.54	\$389.88	\$15,147.42
Morris Village	\$24,664.91	\$377.91	\$25,042.82

Dental Service:

The annual statistics of the Dental Service of Crafts-Farrow State Hospital reflect a decrease in definitive care of the patients. Emergency types of treatment account for a minimal percentage of overall procedures.

Workload:

The workload for the Dental Section has shown a decrease in patients treated and procedures accomplished. Emphasis is still being placed on Preventive Dentistry rather than "repair and maintain as is" dentistry.

Equipment:

A portable Prophy Jet prophylaxis instrument had been added with plans for it to be moved from ward to ward to aid in maintaining oral hygiene for non-ambulatory patients. However, reconsideration has been given to its usage. It is felt that the spray of sodium bicarbonate produced by the instrument may not be particularly good for Crafts-Farrow's frail and elderly patients.

Personnel:

The authorized professional staff remains the same: one full-time dentist, one part-time dentist, one full-time dental hygienist and one full-time dental assistant.

ACTIVITY THERAPIES SERVICE

The Activities Therapies Service continued to provide a wide range of therapeutic activities, primarily in the areas of recreation, music, occupational and library therapy. In addition to these regularly scheduled daily activities, a program of inviting cultural and entertaining groups from the community was implemented, thereby providing patients with opportunities to enjoy concerts, bands, play drama groups and other forms of community entertainment.

The Recreation Therapy Section scheduled on a daily basis a wide range of recreational activities and encouraged the full participation of as many patients as possible. Four staff members continued shopping for and/or with patients who have personal funds available; in addition to using these funds to shop for patients who have not been able to leave the hospital, this shopping program provides a means for the other patients to be taken on shopping trips which allow retraining in shopping procedures (selecting articles, making change, and other socialization process). An opportunity was afforded patients who like to raise vegetables to grow produce on a plot of ground within walking distance of the ward buildings.

In the Music Therapy program emphasis was placed on ward visits, using music as a stimulus with the goal of encouraging as many patients as possible to participate in these therapeutic programs. Choir members were trained and both individual and group music instruction was given to interested patients. Individual music therapy was increased.

Ward visitation was also expanded in the Library Therapy Section, and as has been the custom for several years, a program for the deaf and blind patients was provided with full participation by those patients. Many valuable additions to the medical library have continued to be received. The hospital staff as well as the patients made full use of the library and its facilities. The Professional Library was moved to Fisher Building.

The Occupational Therapy Workshops under the supervision of three Certified Occupational Therapy Assistants continued to work with many patients teaching them skills for use outside the hospital.

Clinical Counselors were re-designated as Therapeutic Assistants and continue their daily ward activities.

The personnel of Activity Therapies Service participated fully in training programs, seminars, workshops, and conferences.

Documentation of treatment was stressed.

CHAPLAINCY DIVISION

Pastoral services were provided by a staff composed of four full-time chaplains, one part-time Catholic priest, a Rabbi on call, and four part-time retired community clergymen. A total of 1,287 worship and ward devotional services were held. Interviews were conducted with 1,075 newly admitted patients. Counseling sessions were held with 656 patients. There were 22,486 brief pastoral visits and more than 560 treatment team meetings attended.

More than 1,000 persons were involved in the teaching ministry. There were two state-wide conferences held at Faith Chapel. One, entitled "Creative Fulfillment In Later Years," was keynoted by Ms. Maggie Kuhn. Approximately 435 persons attended this conference. The other conference was entitled "The Hospice Concept" with Deanna Edwards as guest speaker; attendance of 268 persons. There were also various workshops held throughout the year relating to issues on death and dying, facilitating the grief process and meeting the emotional and spiritual needs of the elderly.

NURSING DIVISION

Continued efforts were made to improve the quality of nursing care; however, with the increasing physical and mental disabilities in the patient population this is an almost impossible task with the present number of staff. Some reassignment of patients according to behavioral and physical needs were made and the bed capacity of a few wards were

decreased. With the physical facilities not being designed for the elderly, many modifications must be made before quality care will be accomplished.

The Pre-Service Training course has been fully implemented with a class of 12 to 16 new employees beginning a three-week, concentrated course every two weeks. A new group of Mental Health Specialists begin employment and class on the first day of a pay period, and they are completely under the direction of instructors for class and ward experience. Upon completion of the Pre-Service Training, the employees are assigned to designated wards.

The two units in the Basic Course for Mental Health Specialists are now taught in four weeks each with about the same number of hours of classroom and clinical involvement as were previously included for six weeks. Almost the entire day is involved with class activities.

A monthly offering of 90 minutes was provided for Registered Nurses and Licensed Practical Nurses on topics chosen by them in "General Inservice Education for Nurses." Average attendance at these meetings was 22 nurses (18 RNs and 4 LPNs).

In May, a review class for one and one-half hours on sterile dressings, catheter care, and isolation technique was held on each ward in the Medical Area for the 7-3 and 3-11 nursing personnel. The Infection Control Nurse participated in five of the eleven groups. A total of 106 employees (RNs, LPNs, and MHSs) attended.

All newly employed nurses, both RNs and LPNs, have taken a course in Venipuncture or have been validated for competency by supervised practice. Newly employed LPNs have received assistance and have been supervised in the administration of medications. Three Mental Health Specialists who have had previous training have been tested and checked for performance in the clinical area, and they have been exempted from all or part of some courses.

Courses in "Ward Management" and "Psychiatric Nursing for RNs and LPNs," and training program in "Motivational Therapy Systems" have not been offered this year.

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital during the fiscal year 1978-79 was 71,603. This was a decrease of 3.76%. This was due to the decrease in the number of employee prescriptions filled — consequences of charging employees for their prescriptions filled after the month of September, 1978. Drugs are sold to employees at cost to hospital, plus 10%. A total of 9,395 employee

prescriptions were filled. Cash collected for these amounted to \$15,351.49.

Cash receipts amounting to \$4.52 were collected for prescriptions for discharged patients that are to be followed up at after-care or mental health clinics.

The Alcohol and Drug Addiction Center at Morris Village was issued 3,054 prescriptions during the fiscal year.

G. Werber Bryan Psychiatric Hospital was issued a total of 6,222 prescriptions (an increase of 145% over last fiscal year). On January 24, 1979, a Pharmacy was opened at Bryan Hospital. Their Pharmacist will fill the prescriptions for their residents. Crafts-Farrow will continue to supply their bulk drugs and to fill their employee prescriptions.

The Pharmacy continues to provide services for the Community Mental Health Autistic Children Division.

Information for all individual prescriptions is still being entered into the computer terminal, providing us with profile on the patient.

PSYCHOLOGY DIVISION

The psychology department increased its responsibilities during the 1978-79 fiscal year. The professional staff provided diagnostic evaluations, individual and group therapy, consultation, screening for speech disorders, training for retardates, and other services.

These varied services were furnished by psychologists, clinical and mental health counselors, speech therapists, and special education teachers who are members of the department.

The staff assisted the Learning Laboratory in the development of inservice programs for various disciplines. It also contributed trainers to staff development workshops sponsored by the SCDMH.

The research activities mentioned in an earlier report were broadened to include data collection and analysis, program evaluation, studies of patient housing and care, and patient information systems recording.

Speech students from USC received practicum training at Crafts-Farrow State Hospital. They were supervised by a speech specialist attached to the department. The students made several contributions to the hospital. It is anticipated that the program will continue.

Several staff members gave freely of their time in talks and lectures to community groups and to public agencies. They will continue to do so in the best tradition of professional responsibility to the hospital and to the community.

SOCIAL WORK SERVICE DIVISION

During the fiscal year 1978-79, the Social Work Service Department successfully accomplished its mission of providing intensive Social Work Services to patients and families, with the primary focus on discharge planning. The accomplishments were due primarily to the continued effort of keeping family ties alive, strengthening and re-establishing broken family ties. This effort was further facilitated by the effective utilization of existing community resources, services, and facilities.

The above mentioned accomplishments are reflected in the Social Work Service Monthly Statistical Report, which indicated that during the fiscal year, 1978-79, 951 patients were admitted to the hospital and 788 were discharged. Of the number discharged, 195 were placed in Alternate Care Facilities.

Social Work Service continued to maintain a Student Field Placement Program, having 4 students from the University of South Carolina, College of Social Work; 4 undergraduate students, 2 from Benedict College and 2 from Columbia College.

VOCATIONAL REHABILITATION DIVISION

The Vocational Rehabilitation staff assumes the role of representing the handicapped and the state in providing vocational services as may be needed in the rehabilitation of mental patients at Crafts-Farrow State Hospital.

As the treatment team concept is being used throughout the hospital, a member of Vocational Rehabilitation takes part in each of the teams. This staff member is able to disclose the vocational potential of the patient being discussed, and also feed back information to other staff members as it applies. Of the referrals from the various treatment teams, thirty-one clients were successfully rehabilitated, vocationally, during the past fiscal year.

522 patients were involved in various work therapy and personal and social adjustment training under the supervision of the Vocational Rehabilitation Department.

The Vocational Rehabilitation Department established a just wage through evaluation of patients placed on the patient-pay payroll, and also constantly attempted to stimulate more patients to become involved in this rehabilitation program.

The Rehabilitation Workshop Facility on Green Street was utilized as a means of evaluation, and also the Center for Orientation for Independent Living (COIL) was utilized in returning several patients to the community.

A total of 112 patients was involved in the Home Economics Department where they received evaluation and training in home-related skills, with emphasis on renewal of previously learned skills. Courses were held on food and nutrition, housekeeping duties, grooming, and consumer purchasing. In another evaluation area 68 patients attended classes on general home maintenance, yard work, grooming/hygiene, and food preparation to assist in independent living outside the hospital.

The Vocational Rehabilitation Department in cooperation with Columbia School District #1 again offered Adult Education classes in which patients throughout the hospital were enrolled.

ADMINISTRATIVE SERVICES

The Department of Administrative Services is responsible for providing (1) adequate and complete administrative and medical records for all patients; (2) supplies and equipment necessary for the proper care and treatment of all patients; (3) a safe place to live and receive treatment that is as clean, comfortable, and as pleasant as possible; and (4) wholesome and nutritious meals. In addition, Administrative Services assures that the hospital abides by the S. C. State Law, SCDMH Directives, and CFSH Directives. Budgetary matters, also, are the responsibility of Administrative Services.

Administrative Services is dedicated to an all-out effort to provide the above mentioned services within the budgetary limitations. (See the individual department reports for more detail.)

This fiscal year has been characterized by stressing the need for all departments and services to work toward correcting all deficiencies listed on the last Joint Commission on Accreditation of Hospitals "Report of Deficiencies," looking forward to the JCAH's Survey in September or October 1979. For months, department heads have been checking, and revising where necessary, operating and procedure manuals. The Accreditation Committee has met frequently and regularly to keep an update on progress in this effort.

The average daily patient census was on an upswing during the latter half of the 1977-78 fiscal year. It stabilized in the first half of the 1978-79 fiscal year, and actually began to drop in the fourth month of this fiscal year. The overall patient census daily average dropped by eighty-six patients in the second half of this fiscal year from the six month's average of the first six months.

Crafts-Farrow continues plans to dispose of most of the older residences and the farm buildings no longer needed, a project started a couple of years ago, in an effort to remove "eyesores" on the landscape and eliminate the problem of maintenance and security for these structures.

An Engineering and Planning Study has been started campus-wide at CFSH to determine the condition of all the buildings and for what purpose they can best be used according to our needs, and what remodeling renovations or upgrading would be required to bring them to the state of readiness. Some may be razed.

Three nutritionists have been recruited which has improved the overall capabilities and services provided by the Dietary Department. They have provided CFSH the capability to work closely with patient groups that have special nutritional needs and with treatment teams on individual patient nutritional deficiencies. With one of the three on the Department of Mental Health Menu Planning Committee, the special nutritional needs of the elderly can be brought into focus.

REGISTRAR DIVISION

Admissions and Dispositions Office

The admissions and dispositions office processed 2302 patients during the past year. This office is open twenty-four hours per day seven days per week serving as the information center for the hospital. In addition to processing all incoming and outgoing patients, this office monitors the fire alarm system for the hospital, the two-way radio system and the Civil Defense radio. They also back up the Security phone when Security has to leave the office. This office is manned by eleven employees.

Medical Records

The staff is responsible for typing the dictation of all clinical material by doctors. They also type all Social Service reports, Psychological Reports and correspondence. This section also provides back-up clerical service to other departments when an emergency arises. Recently this office received the responsibility and control of twenty-six ward clerks to assist in record keeping on the ward. In addition to the typing of dictation, this office is responsible for insurance claims, death certificates and miscellaneous other duties. They are also responsible for advising patients of their rights semiannually and annually, notifying the families of this and filing a copy in the record. All photocopying of records is done in this office and all federal agencies (third party payers) review records in this office.

Medicare-Medicaid

This office has two employees assigned to Medicare and Medicaid. Their job is to process the claims for patients, notify the families when Medicare days are exhausted and keep a running record on all these patients while they are in the hospital. We have approximately three hundred patients on Medicare and seven hundred on Medicaid. HEW,

Blue Cross and DSS are continuously checking our records for need for continued stay and recertification. An additional burden was added during the year, where we must run seven hundred and sixty Medicaid recipients through the Utilization Review and forward findings to DSS.

Post Office and Personal Fund

This office is located away from the Admissions Building and is adjacent to the canteen. We have four people employed, one of whom is a full-time mail man for fast delivering of mail by motorized scooter. Money orders are sold daily. Patients Personal Funds are maintained in this office; funds are disbursed to patients for shopping either on campus or downtown.

The Registrar Division also has three Secretary I's, two of which type the medical summaries for the physicians at McLendon Clinical Center and the other is assigned to a physician who has a special program.

SUPPLY AND SERVICE DIVISION

The Supply and Service Department continues to requisition, store and issue supplies to all areas within the hospital and to other facilities of the Department of Mental Health, including Morris Village, Autistic Children's Center and Bryan Village. Records on expendable and non-expendable items are maintained and inventories held periodically.

We are still striving towards upgrading and improving furnishings for all wards.

The number of patients working in the department has been reduced, while the number of staff has been increased in order to better serve all areas of the Department of Mental Health.

For the fiscal year 1978-79, the laundry at the Department of Corrections laundered 3,041,772.5 pounds, at the cost of \$288,968.41.

The Canteen continues making available a number of new items which residents are requesting, such as radios and watches. The Canteen sales for fiscal year 1978-79 amounted to \$141,376.44. This amount does not include the vending machine sales.

ENGINEERING DIVISION

The Engineering Division has continued to place maximum emphasis on maintenance, repair, and minor improvement of hospital buildings and utility systems, satisfying transportation requirements for the hospital, and keeping the campus areas neat and well groomed. Priority has been accorded work involving patient comfort, patient/employee safety, and accreditation requirements.

Although there have been no major capital improvement projects during this period, Engineering has accomplished many minor alteration and improvement projects. A number of these projects were to provide emergency backup power for essential facilities such as the sanitary sewer lift station pumps, operating lights on telephones throughout the hospital facilities, the walk-in cooler box at the Food Service Center, plus lighting fixtures to enable continued Food Service operation during normal power failure.

The Building and Maintenance Branch has continued the maintenance and repair of buildings, and has given priority effort to the elimination of safety deficiencies. Smoke-stop partitions have been installed in attic spaces; wire reinforced glass has been installed in corridor doors and doors to private patient rooms where necessary; hand rails have been installed on day room and corridor walls to facilitate patient movement; and tile floors in the rest room and shower areas have been raised to eliminate patient hazard due to step-down in floor heights. Efforts have been made to eliminate door undercuts on all corridor and patient room doors.

The Preventive Maintenance crew has been busy throughout the year performing maintenance on all air-conditioning fan-coil units, roof top vent fans and motors, and other installed equipment. All hospital building internal electrical circuits have been checked to revalidate and update index cards in electric panel breaker boxes. All wall outlets have been tested for proper grounding and tension. Replacement or repairs have been made where found to be necessary.

The Transportation Branch has continued to satisfy the essential vehicular needs of the hospital. Out-of-town trips, transporting patients for court hearings, and medical reviews placed a heavy demand on Transportation. The Branch received 5 new sedans, 1 van for use as an ambulance, 2 pick-up trucks, and 1 one-ton van cab and chassis. Except for three new sedans, which were an increased authorization, a like number of the same type vehicles were turned in for salvage sale. Automotive supply, maintenance, and repair support continued to be provided for the vehicles assigned to Morris Village and to Bryan Psychiatric Hospital. These agencies have 24 and 23 vehicles assigned, respectively.

The Grounds Maintenance Branch has experienced a busy year in the maintenance and upkeep of the hospital grounds, recreational areas, and surrounding owned timbered lands. Two contracts were awarded during the year to Sox and Freeman Tree Expert Company. One contract for rough trimming dead growth from all trees on campus was hardly completed before a severe ice storm caused major damage to all trees. The second contract was necessary to smooth cut damaged areas in all

trees and paint cuts. Much of the shrubbery and plants on campus were damaged and some will require replacement.

One of the most critical problems encountered during the year was failure of the 1000 KVA transformer serving the 1100 ton Centravac which supplies chilled water for cooling Morris Village and Bryan Hospital. Fortunately, this occurred at a time during the year when cooling was not critical and the transformer was repaired and reinstalled within ten weeks.

Total personnel authorized strength for the Engineering Division remains unchanged at 87 spaces.

PUBLIC SAFETY DIVISION

The Public Safety Division has the responsibility for providing security and protection for patients, employees and visitors. This Division also has the responsibility of investigating all types of cases and enforcing all State and local laws applicable to the Hospital. Constant patrols are made around the grounds looking for possible fires and violations of any rules or laws.

In upgrading the ability and knowledge of each officer, specialized training has been provided by the Department of Mental Health, ETV, State Fire Association, SLED and the South Carolina Criminal Justice Academy.

During the year a total of 72,459 miles were driven by the Officers in patrolling the grounds, answering calls and transporting patients. There were 4,921 calls answered which resulted in 439 cases being investigated and reports written. Types of cases investigated and reports written included: Auto Accidents, Grand Larceny, Petit Larceny, Trespassing, Contraband, Patient Abuse, Patient Injury, Assault, Drugs, Fire, Disorderly Conduct, Resisting Arrest, LWP, etc. Some of the cases investigated resulted in persons being charged and tried in Court.

FIRE AND SAFETY DIVISION

Since the establishment of the Fire and Safety Position in October of 1975, much progress has been made in the areas of compliance with life safety codes through continuous programs of upgrading and renovating of buildings.

The Fire and Safety Officer's responsibilities include holding classes for all new employees to acquaint them with the fire reporting plan and procedures. Classes were held for 268 new employees during the 1978-79 fiscal year.

There were 10 fires reported at Crafts-Farrow State Hospital during the year, consisting of 1 flammable liquid fire (grease), 2 electrical-related fires, 3 open brush fires and 4 fires attributed to smoking in "no smoking" areas. Property damage was minimal and there were no injuries. Fire drills were held on a quarterly basis in each building on all three shifts. There was a total of 160 drills held during the year with 1,600 employees participating.

There were 383 on the job injuries reported during the year, 85 of which were recordable (i.e., time lost from work as a result of the injury).

A seminar was held on the campus by the State Fire Marshall's Office. A total of 974 employees attended the classes on fire and safety.

As funds become available for capital improvements, it is the goal of the administration to be in full compliance in all areas where it is practical to make the necessary renovations.

FOOD SERVICE DIVISION

Food Service Division continued to upgrade the quality of service through the purchase of a new delivery tray system and the acquisition of a new walk-in freezer for the Diet Kitchen. A clerk for the Diet Section was hired and a nutritionist trainee from Winthrop College did her practicum. During the year, Midlands opened their own food facility; therefore we no longer prepare and deliver their meals. Regular and therapeutic menus for fall, winter, spring and summer were planned and written as a joint effort of nutritionists at Crafts-Farrow State Hospital and S. C. State Hospital. The Division continued to be involved with special programs concerning nutritional needs of the elderly and mentally ill.

Meals prepared and served at Crafts-Farrow State Hospital:

Special diets prepared and served	720,099
Regular and ground food prepared and served	1,440,198

Meals prepared and delivered to Midlands Center:

Special diets prepared and delivered	43,780
Regular and ground food prepared and delivered . . .	186,764

Meals prepared for Morris Village: 68,424

Meals prepared for Bryan Psychiatric Hospital: 34,059

Total meals prepared: 2,493,324

Midlands was billed for fruit juices,

paper products, etc. in the amount of: \$ 861.63

Morris Village was billed for meals in the amount of: 43,692.36

Morris Village was billed for milk in the amount of: 17,301.64

Bryan Psychiatric Hospital was billed for meals in the amount of:	94,684.02
Bryan Psychiatric Hospital was billed for milk in the amount of:	4,040.21

HOUSEKEEPING DIVISION

During the fiscal year 1978-79, Housekeeping Division has continued its efforts to pursue training programs and the upgrading of the skills and potential of its personnel. New employees are provided with on-the-job training in addition to a continuing program of updating housekeeping methods and techniques.

During the past year Housekeeping has established a part-time night shift which consists of 15 part-time employees. These employees are placed in the areas where they are most needed.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

Goal: To train highly competent mental health professionals and further the knowledge of neuropsychiatry by competent research.

These goals are being attained, but some compromises are having to be made due to budget restrictions. Several new programs and projects have been restricted in scope or delayed due to financial limitations. Several competent faculty members have left to pursue private practice or accept other teaching positions. Recruitment of outstanding faculty continues to be an ongoing challenge. The William S. Hall Psychiatric Institute and the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina School of Medicine continue to maintain a close liaison and working relationship with an integrated faculty under the leadership of Alexander G. Donald, M.D., Director of William S. Hall Psychiatric Institute and Chairman of Department of Neuropsychiatry and Behavioral Science, University of South Carolina School of Medicine. Thirty members of the Institute faculty have USC School of Medicine appointments. A professional practice plan has been approved and is to be implemented July 1, 1979, consistent with medical school departments and other teaching hospitals in the area. Clinical rotations for third year medical students have been well planned and will begin in July, 1979. Two new programs (community psychiatry fellowship and partial hospitalization) have been developed this year and offer

great potential for better mental health care for citizens of South Carolina.

A total of 974 trainees were in training during the year:

General psychiatry training	20
Child psychiatry training	3
Community psychiatry training	2
Psychology interns	5
Nursing students	70
Clinical pastoral education	22
Social work placements	10
Recreational therapy interns	7
Music therapy interns	4
Occupational therapy interns	11
Art therapy interns	1
Pharmacy students	29
Voc. Rehab. interns	2
Medical students	21
Psychiatry electives	8
Continuing education for physicians	634
Continuing education for clergy	125

Thirty papers by members of the Institute faculty were accepted for publication by various professional journals.

During this fiscal year, 885 patients were treated as inpatients for a total of 33,215 inpatient days and 2,038 partial hospitalization patient days. 8,798 outpatient visits were recorded.

"The Joe E. Freed Award" for the most outstanding paper written by a physician in training was won by Jeffrey L. Rausch, M.D. His paper was entitled "Clinical Implications of Serotonin Activity in a Schizoaffective Patient."

DEPARTMENT OF RESEARCH AND TRAINING GENERAL PSYCHIATRY RESIDENCY PROGRAM

The General Psychiatry Residency Program had a very successful year in recruiting residents during the 1978-79 fiscal year. Seven residents entered training on July 1, 1978, and four began on July 1, 1979. This group of residents is highly-motivated, stimulating young physicians anxious to provide high quality of medical and psychiatric care to their patients.

Three residents completed their training during the year of this report and all three joined the medical staff of facilities of the SCDMH.

There were twenty physicians in training in the General Psychiatry Residency Program.

Harry H. Wright, M.D., was selected as an Administrative Fellow in the Psychiatric Training Branch of the National Institute of Mental Health and spent six months at the National Institute of Mental Health. There he worked with James S. Eaton, M.D., and his staff. His work was highly complimented and reflected well on the Institute. Dr. Wright continued during the year as a Falk Fellow of the American Psychiatric Association.

Robert J. Pary, M.D., entering his third year of residency training, was selected as a fellow in basic research with Richard J. Wyatt, M.D., of the National Institute of Mental Health and will spend a period of six months there. This period of six months is an elective period for Dr. Pary in his training.

The curriculum of the General Psychiatry Residency Program continued with the introductory curriculum series for those residents entering their training at the first-year level and the advanced curriculum series for those residents in the outpatient and child psychiatry rotation. The didactic material is offered on each of the clinical rotations while the resident is on that rotation. These rotations include child psychiatry, consultation-liaison, community psychiatry, and the emergency room.

During the year, a self-assessment examination offered by the American Psychiatric Association was purchased, and each resident was given this examination. The scoring of this examination coordinated surprisingly well with the oral-type board examinations offered to all residents in June of 1978. Evaluation of residents and their performance continues on a quarterly basis with a written report to the director of the program along with the weekly comments during supervision by the teaching and consultant psychiatrists to the individual residents.

During this year, for the first time, General Psychiatry Residency Training positions were available at the Veterans Administration Hospital having been developed under the direction of the Director of the Institute, and Professor and Chairman, Department of Neuropsychiatry and Behavioral Science at the University of South Carolina School of Medicine, through the Dean's Committee and the Director of the Veterans Administration Hospital. These residency positions were funded by the Veterans Administration and were utilized during the medicine rotations and for inpatient psychiatry. The residents all reported that the experience was excellent with a great deal of patient responsibility and good teaching seminars. In addition to the Veterans Administration Hospital, residents were assigned to the Richland Memorial Hospital for internal medicine, family practice and pediatrics. This enabled the residents entering the program to complete their

primary requirements of the American Board of Psychiatry and Neurology during their first year of training. Every effort was made to complete this assignment as early in their year as possible and as convenient for the rotations at the other hospitals.

On October 26, 1978, the General Psychiatry Residency Program was surveyed for accreditation by the American Board of Psychiatry and Neurology. The surveyor was extremely complimentary to the residents of this program when he visited with them for their reactions to their training. The program has now received notification of full approval for the training program.

The General Psychiatry Residency Program continues to encourage and support resident participation in research projects and literary offerings in the course of their training. Four papers were entered for the Joe E. Freed Award. The award this year was presented during the continuing medical education program at Hilton Head, South Carolina, March 30-31, 1979, to Jeffrey L. Rausch, M.D.

The program continued to receive financial support from a training grant from the Department of Health, Education, and Welfare in the amount of \$24,726.00.

There were six highly qualified psychiatrists recruited during the year to strengthen the training program tremendously. All of these new psychiatrists offer to the residents special expertise in didactic seminars and supervision. In addition to the new psychiatrists on the faculty of the Institute, there have been highly qualified psychiatrists recruited for the Veterans Administration Hospital. These have been appointed to the consulting staff of the Institute and are available for teaching of seminars and supervision of residents.

The recruitment of new residents is an ongoing problem especially since nationally it is found that fewer than four percent of medical graduates are interested and entering psychiatric programs. An effort has been initiated to utilize the medical staff of the Institute in the recruitment of prospective candidates when they are in the Columbia area. The recruitment cannot be the responsibility of only the Director of the program because prospective residents now look at the total staff, requirements for training, and the facilities.

There continues to be a great need in South Carolina for trained, competent psychiatrists. A recent survey indicated that a great majority of graduates of the program have begun working for the SCDMH in one of their agencies or in community psychiatry. There remains a great need for psychiatrists in the Department; and as the new regional-type hospital program develops, it is hoped that we will continue to have a high ratio of graduates remaining to fill vacancies in the Department.

CHILD PSYCHIATRY RESIDENCY PROGRAM

During October, 1978, the Child Psychiatry Residency Training Program was surveyed by the American Medical Association. The verbal report given by Dr. Seymour Schotz was that we had one of the most outstanding programs he had surveyed in the nation.

The Child Psychiatry Training Program also was awarded a third year award of approximately \$92,049 in its five-year training grant by the National Institute of Mental Health.

Three child fellows were in training during the 1978-79 fiscal year and will continue during a portion of 1979-80. Also, one resident will begin his child psychiatry training in our program on July 1, 1979, and another will start on August 1, 1979.

The child program has functioned well during the past fiscal year and future plans include: (1) expansion and refinement of the Pediatric Consultation-Liaison Service, (2) a more dynamic recruiting program, (3) some reorganization in the curriculum, and (4) developing more integration between the general and child programs.

CONTINUING EDUCATION PROGRAM

During the year 1978-79, twelve continuing medical education programs were held. All programs were conducted by outstanding, nationally recognized speakers and the response and attendance were excellent.

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

Five clinical psychology interns participated in this program beginning September 12, 1978, and will continue through September 1, 1979. These interns are supervised in psychological evaluation, psychotherapy, (group and individual), research, consultation, team meetings and community mental health work.

SOCIAL WORK PLACEMENT

Five second-year social work students were placed at the Institute in 1978-79; four completed the year's field placement. There continues to be heavy emphasis on learning family dynamics and treatment; development of collaborative skills and awareness of the impact of the institution and the community on patient care.

Due to a shift in the curriculum format at Columbia College there were no students here this year. However, professional contact was

maintained by joint work on a memo of agreement and through membership on the Advisory Committee.

Despite uncertainty about funding, five students participated in the 1979 summer program supplying social work coverage in various areas of the hospital, as well as pursuing individual learning interests.

RESEARCH SERVICES

As a product of the continuation of research the Ensor Research Laboratory published twelve papers during 1978-79 fiscal year. Four papers were presented at international, national and regional meetings, and a fifth paper is to be presented in August at the American Society for Pharmacology and Experimental Therapeutics fall meeting. The Eighth Annual Research Symposium entitled "Physiology and Pharmacology of the Platelet in Health and Disease" was held on November 13, 1978. Two medical students participated in research during this year.

During the year 1978-79 there has been a shift in the focus of the Genetics Laboratory. Since the completion and opening of the second genetic research laboratory, the primary focus within the Genetics Laboratory has been development of family oriented immuno-biological research in the areas of schizophrenia, affective disorders, and Huntington's Disease. In the coming year, encouragement will be given to residents, medical students, or other qualified persons to include biological-psychiatric research as a component of the process of education in psychiatry.

The consultant services at the Institute are chromosome analysis as an adjunct to diagnosis in psychiatric illness and genetic counselling for psychiatric and neurologic disorders. The restructuring of psychiatric genetic counselling services, during the past year has important consequences for genetic counselling, primary prevention, research and education. The family with multigenerational psychiatric illness will now be the focus of the genetic counselling effort. The Genetic Family Assessment Clinic, which will meet biweekly on Wednesday afternoons, will provide in-depth diagnosis, genetic counselling, and follow-up evaluation for families at high risk for developing psychiatric illness. Primary prevention, family attitudes and planning, detection and early entry into treatment, laboratory diagnosis, and genetic markers are important elements whose effectiveness will be evaluated. The Genetic Family Assessment Clinic will also be an educational tool in which students of all disciplines at the Institute will participate.

NURSING EDUCATION PROGRAM

The course in psychiatric nursing was offered to three schools: Orangeburg Regional School of Nursing, York Technical-Lancaster-USC, and Coastal Carolina-USC during the 1978-79 fiscal year. Seventy student nurses participated in the Institute program during the 1978-79 fiscal year. All nursing students passed the national accrediting exam in psychiatric nursing making this the only program in South Carolina that had a 100% passing percentage during the year 1978-79.

PASTORAL EDUCATION PROGRAM

Four chaplain residents enrolled in the 1978-79 Clinical Pastoral Residency program and one began his Pastoral Fellowship year on September 11, 1978.

The fourth annual "Clinical Pastoral Education in Pilgrimage" program began on September 25, 1978, with the format of one-day-a-week for nine months for community clergy who were desirous of participating in an educational program at Hall Institute combining their full-time parish work with certified clinical education. Six South Carolina community clergy graduated from this program on May 22, 1979.

The eighth annual "Theology and Therapy" undergraduate clinical program at the Hall Institute was offered during January, 1979, to five undergraduate students. This clinical interim project has pre-graduate school purposes of assisting the college student in his or her understanding of mental illness, the student of interrelationship between religion and mental health, and pre-professional reflection on religion and medicine.

There were two programs in the Hall Institute's *Continuing Education Series for Community Clergy* offered to community clergy and other pastoral workers in 1978-79. The Seventh Annual Pastoral Care Symposium was held on November 30, 1979, and the featured speaker was Dr. Paul W. Pruyser of The Menninger Foundation of Topeka, Kansas. The topic of the symposium was "The Minister as Diagnostician," and 125 persons registered for the event. Another program in the series was offered that evening as a jointly sponsored program by Pastoral Education Service and the Lutheran Theological Southern Seminary, and it was led by Dr. Pruyser (topic: "Narcissism in Contemporary Religion").

There continued to be a variety of community education services and committee participation provided by Pastoral Education Service to community groups, churches, agencies, and associations.

Four chaplain trainees started their three months of basic clinical pastoral education June 5, 1979.

The Chief, Pastoral Education Service was elected as Chairperson of the National Standards and Certification Committee, Association of Mental Health Clergy, as well as Chairperson of the Southeast Region, Association for Clinical Pastoral Education.

There were 210 community clergy, undergraduate students, and seminary students who participated in the full-time, part-time and continuing education programs of Pastoral Education Service during the 1978-79 fiscal year.

Since its beginning with an accredited clinical pastoral education program in 1967, Pastoral Education Service has conducted full-time, part-time, and continuing education programs for a total of 1,719 participants.

A goal for Pastoral Education Service is that of continuing the focus with the preventive dimensions of pastoral care as related to community resources.

RECREATION THERAPY INTERNSHIP PROGRAM

During the year 1978-79, a new Chief of Recreation Therapy and Internship Coordinator assumed that position. Seven students participated in the internship program, one graduate student and six undergraduate students. The universities which participated in the program were — The University of North Carolina, Greensboro; The University of North Carolina, Chapel Hill; Indiana University; The University of Florida and Clemson University.

The recreation therapy staff has participated in a number of staff development programs. Staff not only participated in the Department of Mental Health in-services but were also involved in training sponsored by the National Therapeutic Recreation Society. Two staff members are now able to facilitate in-service programs sponsored by the Department of Mental Health. Staff members have also been actively involved in the State Therapeutic Recreation branch and the National Recreation and Parks Association, Therapeutic Branch. It should also be noted, one staff member received her Bachelors of Art Degree from the University of South Carolina.

Monthly in-service education sessions continue to be held by the recreation therapy staff members.

MUSIC THERAPY INTERNSHIP PROGRAM

Four students completed a six-month clinical internship in Music Therapy (two students per each six-month period). Two of these students returned to their home states, one accepted a job in music and the

others went to Europe to travel. The other two students accepted jobs in music therapy in this state, one at the South Carolina State Hospital, and the other filled a position at William S. Hall Psychiatric Institute that was vacated. A former music therapy intern had a paper published that contained research material done while at the Institute. The music therapy staff has conducted workshops for Staff Development and participated in numerous presentations within the state to promote music therapy and encourage adding a music therapist in facilities where one is not presently employed. Long range plans include additional staff in order to expand existing programs and to provide coverage for the Partial Hospitalization Program.

OCCUPATIONAL THERAPY INTERNSHIP PROGRAM

The Occupational Therapy Department trained eleven students during the 1978-79 fiscal year, which utilized all but one of the available slots. A contract with The University of Alabama (Birmingham) was negotiated, bringing the total number of schools who send students to ten.

ART THERAPY INTERNSHIP PROGRAM

During 1978-79, an art therapy training program was begun. Currently, we have contracts with two universities and are negotiating with a third. We have had one undergraduate student here for two weeks doing a fieldwork observation affiliation. In June, an art therapy graduate student began a six month practicum.

PHARMACY TRAINING PROGRAM

During the 1978-79 fiscal year, the pharmacy clinical rotation was expanded from a two week to a four week rotation with twenty-nine senior pharmacy students participating. A lecture series for medical, nursing, activity therapy and chaplaincy students was conducted throughout the year. Two presentations were made to outside groups at regional meetings, and a paper entitled "The Resource Group: Coordination of Services in Discharge Planning" was accepted for publication by *Hospital and Community Psychiatry*.

VOCATIONAL REHABILITATION SERVICE

Two students from the University of South Carolina completed six-month Internships in the Vocational Rehabilitation Internship Training

Program. One of these students is working with the Community Mental Health System and the other is expected to obtain employment with the Vocational Rehabilitation Department. An Affiliation Agreement between the Institute, the University of South Carolina, and the Vocational Rehabilitation Department was concluded and endorsed by the respective parties. The agreement established the essential principles upon which the Internship Program in Vocational Rehabilitation services and the rehabilitation process continued to be an area of emphasis. The Director of Disability Determination Division lectured to the residents and a site visit was made to the Dill D. Beckman Rehabilitation Center. Several of the Vocational Rehabilitation staff attended the National Rehabilitation Associate Conference and the Institute Counselor was awarded "Case of the Year" honors. Orientation sessions for first year residents and other interns were conducted periodically throughout the year.

COMMUNITY PSYCHIATRY TRAINING PROGRAMS

The Community Psychiatry Training Programs of the Hall Institute had a very successful year in 1978-79. The Fellowship Program currently has two fellows and the community psychiatry rotation of the General Psychiatry Program has continued to provide an effective didactic and experiential introduction to community mental health.

In keeping with the need for multiple training sites and relationships, the program has developed new training sites at the Greenville Area Mental Health Center and the University of South Carolina Student Health Center. These sites offer unique populations with special mental health needs which help complete the training requirements for community psychiatry.

Dr. Thomas W. Messervy has been involved in developing standards for Certification in Administrative Psychiatry and was appointed to the Steering Committee of the American Psychiatry Association for Certification in Administrative Psychiatry.

The School of Public Health, University of South Carolina, has developed into a valuable teaching resource of the Community Psychiatry Training Program. The specialized expertise available from the faculty of the School of Public Health has proved to be valuable to the Fellows and staff of the program in their maturing process.

The Community Psychiatry Training Program has applied for a Manpower Training Grant from the National Institute of Mental Health. The grant is to develop additional staff for the Community Psychiatry Training Program and to develop role models in public service.

Two residents will complete their Fellowship in Community Psychiatry in December, 1979, and will be board eligible in General Psychiatry as well as eligible for the examination given by the American Psychiatry Association Commission on Certification in Administrative Psychiatry.

DEPARTMENT OF CLINICAL SERVICES

The Problem Oriented Psychiatric Record System was incorporated into use in all sections of Clinical Services except Neurology and they have a target date of October, 1979, to begin using this system.

Patient education was enhanced by the incorporation of a Pharmacy Audio/Slide Program into the existing and ongoing drug education program.

Nutritional emphasis, this year, has been placed on nutritional assessments which contain diet history information, diagnostic data, recommendations for care, and evaluation for dietary counseling needs. Future plans for the clinical nutrition service include taking a closer look at food habits and attitudes as they are related to a patient's health and nutritional status, his need for diet modifications, and the appropriate patient education resources allowing for optimum education benefits.

Nutrition consultation services for inservice education were provided for nursing staff, food service personnel, social workers, and representatives of adjunctive therapies' training programs, by the clinical nutritionist.

GENERAL PSYCHIATRY SERVICE

During the 1978-79 fiscal year, ten psychiatric residents rotated through the adult outpatient clinic as a part of their training.

The Partial Hospitalization Program, under new leadership, became a part of the outpatient service and offered outpatient residents experience with those patients.

Teaching was greatly augmented by the weekly conferences and seminars held by the psychoanalyst who began these in November, 1978.

Two teaching psychiatrists joined the inpatient staff during fiscal year 1978-79, one replacing a psychiatrist who transferred to the outpatient service and one filling a vacancy created by a resignation during the year.

In May of 1979, the Problem Oriented Medical Record was instituted on the Inpatient General Psychiatry Services (Taylor West, Taylor East, Dix East and Community Cottage). The Problem Oriented Medical Record was initially studied in a pilot study by the Community Cottage.

CHILD AND ADOLESCENT PSYCHIATRY SERVICE

A Children's Center Committee was organized to study the feasibility of a Children's Center. The Center would not only include inpatient psychiatric care but possibly daypatients, outpatients, pediatrics and other handicapping conditions.

During this past fiscal year, a study entitled "A Review of 800 Cases Seen in the Child Outpatient Clinic of the William S. Hall Psychiatric Institute from March, 1967, through June, 1978," was completed.

A seminar on "Family Therapy" began in March, 1979, and was available to all interested trainees and staff members of the Institute.

Four papers were presented by various members of the staff at regional and national meetings during the year. Dr. George Holmes was elected Teacher of the Year for the Institute by the residents.

NEUROLOGY SERVICE

Continuing to emphasize behavioral neurology, the Neurology Service initiated the following programs during the fiscal year: (1) Announcement of the Behavioral Neurology Evaluation Unit (BNEU) in February, 1979, by the State Commissioner of Mental Health, by letter to 2300 South Carolina physicians with an estimated doubling of referrals; (2) Offering a well-received elective in behavioral neurology at the Institute for second year students of the University of South Carolina School of Medicine (four members of the Class 1981 participated); (3) Summer student electives involving acquisition of special skills in mental status examination and research studies on the distribution and frequency of organic brain syndrome in different regions of South Carolina; and (4) Neurology rotations for eight residents in the General Psychiatry Training Program.

Presentations during the year included monthly and special continuing medical education programs for South Carolina Department of Mental Health physicians, as well as scientific papers presented at the Second International Huntington's Disease Symposium in San Diego and at the Annual Scientific Meetings of the Gerontological Society and the Southern Medical Association.

PSYCHOLOGY SERVICE

The Clinical Psychology Service continued over the past year to provide clinical services to the Institute though there has been some pressure due to a personnel shortage.

The five psychology interns continue to provide clinical services under direct supervision of the staff psychologists. For part of the

training and for part clinical services, a biofeedback laboratory has been implemented, and psychology is already receiving many referrals for this treatment and clinical psychology interns are being trained in this.

Two staff members attended the National Biofeedback Meetings and brought back some new clinical skills which they have been teaching to the residents, psychology interns, and other staff people around the Institute.

In general, the psychology program is functioning as before but with a very pressing need for a new staff member.

SOCIAL WORK SERVICE

The social work program expanded its community involvement during the current fiscal year. The staff was host for the Region A Aftercare Committee of Community Mental Health Services. Two staff members were elected to the Board of Directors of the Urban League School and Friendship Center. A staff member was assigned as liaison to a transitional living program.

The staff developed a new detailed statistical reporting form. While completing a detailed report of a person's job activity is not always a pleasurable task, the staff has fully cooperated. An analysis of the reports has provided some concrete measures of staff performance. This information is invaluable to program planning, development and implementation.

The continuing education programs during the fiscal year were varied and covered a wide range of subjects. Some of the topics included divorce counseling, hypnosis, licensure for family therapists, biofeedback, and structural family therapy.

A new admission procedure was developed by the in-patient staff. The procedure has produced positive results and has resulted in a much smoother intake process that is beneficial to patient, family, and staff.

A staff member has had a paper selected for publication in the *Hospital and Community Psychiatry Journal*. She and two other Institute staff members developed an innovative approach to discharge planning. This multidisciplinary group has been asked to present the result of their project at several national meetings.

Representatives of the staff are currently in the process of aiding in the development of a new genetic family counseling program. The role of the social worker will probably include family counseling, family assessment, and early case finding.

A social work staff member participated in gathering data for a grant proposal. She had the responsibility for the section describing patient data. This included completing a one year survey of all outpatients of

Hall Institute and the Veterans Administration Hospital. She also completed a more detailed survey on a single month's outpatient population.

Staff continued to perform traditional social work services as well as providing training and education services. The staff participated in lecture series of the Child Fellowship Program of the General Psychiatry Residency Program. This is expanding to include the Community Psychiatry Fellowship Program.

NURSING SERVICE

Staffing problems that existed at the beginning of the fiscal year have diminished.

Reclassification of some positions in Nursing Service has benefited the service in that the job requirements have been expanded and more specific psychiatry therapy is offered.

Nursing employees started classes in Problem Oriented Records in early May.

Nursing Service is readily adjusting to a more problem oriented treatment modality.

ADJUNCTIVE THERAPY SERVICE

A new Chief of Recreation Therapy and Internship Coordinator assumed that position in February.

A greater emphasis on leisure education and counseling has taken place in recreation therapy program planning. A communications skills group has been initiated and an ongoing leisure skills, socialization and an exercise program have been initiated. Community awareness continues to be emphasized in the off-grounds trips. It should be noted prior to the initiation of these activities, the Recreation Therapists were responsible to provide recreation therapy for only their wards.

The recreation therapy section is also involved in the Partial Hospitalization Program with emphasis on leisure values and development of leisure and social skills.

The Day Treatment Recreation Program has established a summer enrichment program. This program provides off-ground trips and swimming lessons for the individuals involved. The adolescent recreation therapy program continued its existing programs and became more involved in the family counseling aspect of treatment.

This fiscal year was a period of adjustment for the Occupational Therapy Section. From the start, the section was without the Chief of Occupational Therapy and soon had another position vacated. This resulted in a decreased capacity for offering full services to all wards. By

the end of the year, however, all vacant positions had been filled, contributing to a more optimistic view of the future.

The Music Therapy Department lost a staff member in May, 1979, but the position was filled in June, 1979. The staff has conducted workshops for Staff Development and has participated in numerous presentations within the state to promote music therapy and encourage adding a music therapist in facilities where one is not presently employed. Long range plans include additional staff in order to provide coverage for the Partial Hospitalization Program and to expand existing programs.

During 1978-79, the Art Therapy Department officially began providing patient services. Currently, art therapy provides services for the four inpatient psychiatric units, the neurology unit and the adolescent inpatient unit. A program change was implemented in order to accommodate the problem oriented medical record and is still under evaluation. Because art therapy only has one full-time staff member there continue to be problems communicating adequately with treatment teams.

Art therapy has been involved in two community-oriented projects — an art exhibit at the McKissick Gallery at USC and an exhibit in the office of Senator Stephen, the Chairman of the Committee on Mental Health and Mental Retardation, Marion Gressette Building.

Also during 1978-79, an art therapy training program was begun. Currently, we have contracts with two universities and are negotiating with a third. We have had one undergraduate student here for two weeks doing a fieldwork/observation affiliation. In June, an art therapy graduate student began a six month practicum.

PARTIAL HOSPITALIZATION PROGRAM

The Partial Hospitalization Program has continued to expand services to more patients while providing greater training opportunities for students at the Institute. In order to facilitate continued project development, a Project Advisory Committee was selected to provide consultation to the program's staff. Also, site visits to several established partial hospitalization programs were conducted. Students in the various training programs at the Institute have been involved in the program's development with consideration being given to expanding training opportunities in the coming fiscal year. The program's staff have had professional papers accepted for journal publication and presentation at several national conferences including the Partial Hospitalization National Conference. Program evaluation will continue on the clinical area with emphasis on the cost-effectiveness of the project as it continues to develop.

VOCATIONAL REHABILITATION SERVICE

During the year, the Vocational Rehabilitation team continued to meet the demands for Vocational Rehabilitation consultants. These included counseling and guidance, vocational evaluations, homemaker and consumer skills training, financial assistance for vocational and college training, and assistance with job/residential placement to all sections of the Institute. A new program in Work Adjustment and Independent Living Skills training was developed. The following Columbia Area Vocational Rehabilitation Facilities were utilized by Institute patients: the Opportunity School, the Dill D. Beckman Rehabilitation Center, and the Green Street Workshop.

The program experienced an overall increase in consultation requests and more services were provided this year than in the previous history of the Vocational Rehabilitation Program. The Rehabilitation Project Committee held its first meeting and it is anticipated that another Vocational Rehabilitation Counselor will be available in the next fiscal year. A new Consultation Request form was developed and is presently in use throughout the Institute. A Federal audit of the Vocational Rehabilitation cases emphasized the quality work provided in the Institute.

The staff of the Vocational Rehabilitation Service changed during the year. The transfer of a staff member to an ancillary discipline led to the assignment of a new Counselor to the program and the Project Supervisor was appointed to the Affiliate Medical Staff of the Institute.

ADMINISTRATIVE SERVICES

Each administrative section (Registrar, Housekeeping, Supply, Food Service, Engineering, Television and Medical Library) continued in the year 1978-79 to provide excellent supportive services to the clinical and research and training programs of the Institute. This was done despite the personnel strength and funding limitations and in conjunction with the increased demands associated with growth and expansion of the other programs of the Institute and the close affiliation with the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina School of Medicine.

Only through constant monitoring and adjusting of administrative procedures have we been able to keep pace in providing the high quality service required to accomplish the administrative mission.

PROFESSIONAL LIBRARY

The Professional Library at Hall Institute provides highly specialized material on psychiatry, neurology, psychology, chaplaincy, psychiatric social work, psychopharmacology and many other basic medical subjects. It is an information center for the professionals of the SCDMH and also for eight local hospitals, faculty and medical students. Union list of medical journals received by all the medical libraries in Columbia is available in the library, allowing users to get the material in a timely and efficient manner.

Statistics for this fiscal year were very impressive, circulation of books has almost doubled. Ninety computer searches for the purpose of research were done through the library and a large number of Inter Library Loans were made to other libraries.

The Institute Librarian represented the Special Libraries of South Carolina at the Governor's Conference on Information and Library Services during March, 1979. She was also chosen as Chairman of the Mental Health Libraries' Group of the American Library Association for 1979-80.

THE PSYCHIATRIC FORUM

Two issues of this journal were published during the last year. There was more variety in the content than in previous years and tables of contents were listed in U.S. and foreign indexes. The request for reprints of articles, therefore, came from many different countries. Another indication of the Forum's serving a need came through a request for permission to copy a paper from an earlier issue for use by a medical school class.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

During FY 78-79, the Division continued to facilitate improved organization, management and delivery of community mental health services throughout the state. There were fifteen centers/clinics in operation during FY 78-79. Twelve of the fifteen facilities are comprehensive in nature and two of the three remaining facilities will attain comprehensive status in the coming fiscal year. A new catchment area emerged with the delineation of Lexington County as a separate service area apart from the previously existing Richland, Fairfield, Lexington County catchment area. Lexington County Mental Health Clinic began operation on

July 1, 1979. Also, planning continued toward the delineation of two additional catchment areas from the existing service framework. This will allow for greater concentration of service effort in these areas.

Division activities during FY 78-79 have included ongoing liaison with mental health facility boards; CMHS Standards Audits and facility program/grant reviews; Board and staff training; and, a variety of program consultation activities. Although the Division's responsibilities and priorities are necessarily broad, the funding during FY 78-79 of several additional court screening programs is particularly noteworthy. As a result of specific court screening funds appropriated by the General Assembly, several community mental health facilities have received monies to improve local screening of potential emergency admissions to the State Hospital system, to provide appropriate community based care to these persons and to ultimately reduce the emergency admission rate to the State Hospital by 20% during the first full year of each facility's court screening project. Preliminary assessments have indicated that these special monies are impacting as intended.

Highlights of the Division's various components/ program specialty areas and reports from the Community Mental Health Centers/Clinics follow.

ADDICTIONS SERVICES

During fiscal year 1978-79 the Addictions Consultant in the Community Mental Health Services Division coordinated alcohol and drug abuse programming within the Division and served as consultant to the centers and clinics. Training events were offered on Addictions Program Planning and on the Chemically Dependent Family.

Six Addiction Specialist positions in the centers were funded by local center budgets. Eighteen Addiction Specialist positions in the centers were provided through the Central Office. Funding for continuation of these eighteen positions in fiscal year 1979-80 had not been secured as the 1978-79 fiscal year ended.

AFTERCARE SERVICES

Aftercare Services provides a vital link between the community mental health facilities and the State Hospital system in particular. There are currently in excess of 7,000 aftercare clients being served by the centers/clinics around the state accounting for approximately 65,000 contacts per year. Services are geared to meeting the needs of the long-term client through medication maintenance, socialization and life skills development, psychotherapy and community case management.

During FY 78-79, the Division initiated a Task Force to review the Community Support System concept as promulgated by NIMH and being demonstrated in several states. This concept is particularly geared to more effectively meeting the needs of the long-term client within the local community-at-large. Additional study and program formulation will be undertaken during FY 79-80.

Memoranda of agreement exist between each community mental health facility and the State Hospitals for joint discharge planning and greater continuity of care.

The Division has provided training opportunities for facility aftercare staff and ongoing program consultation during FY 78-79.

AUTISTIC CHILDREN

Since the beginning of the program in 1972, services to autistic children and youth through the Department has expanded to include six day-treatment programs and classes serving autistic adolescents and young adults, extensive consultation to other agencies serving people with severe disorders of communication and behavior, community education efforts and modular, competency-based training specifically designed to equip professionals with skills needed to work with this population.

Through contractual arrangements with local agencies, day-treatment centers serving a total of approximately 100 children have been established in Charleston, Spartanburg, Columbia, Florence, Conway, and Rock Hill. The three classes for adolescents and young adults function as part of the centers in Charleston, Spartanburg, and Columbia and serve six to eight young people each.

With the assistance of a grant from the State Developmental Disabilities Council, training efforts have been greatly expanded. During 1979, 35 professionals received the 120-hour training program. As a result of these training programs over the years, the following areas of the state now have a professional trained to provide a therapeutic-educational experience for autistic and autistic-like children: Charleston, Spartanburg, Richland, Florence, Rock Hill, Belton, Allendale, Greenwood and Ninety Six.

Plans are underway for developing group homes for autistic persons able to function in Community Day-Treatment Programs. All of these activities are leading us toward the following goals of the program.

The primary goal is to maintain a statewide network of six regional centers whose purpose would be to provide therapeutic-educational services to autistic and autistic-like children based on the Judevine model. A second goal is to provide training to professionals, paraprofes-

sionals and to parents of children enrolled in a center as well as parents whose autistic children have no services available in the techniques and philosophical basis on which the centers operate. Making the public aware of autism and services available for autistic children through presentations is another of the goals. A final goal is to provide assistance to other publicly-funded programs for handicapped children when they request it and it is feasible.

CAMP LOGAN/CHILDRENS SERVICES

During this year of therapeutic camping at Camp Logan, austerity measures that have been practiced subsequent to the 1975 camping season have been intensified. Budget and expenditures are continually monitored, donations and gifts are actively sought, programs are developed with economic efficiency being a top priority and support from the U. S. Department of Agriculture and other funding sources has been requested and granted. All lunches, though Spartan, are provided to the camp at no cost. Overall budget has remained static for the third consecutive camping season. Nonetheless, dedication on the part of the staff has remained undaunted and the program is seen as operating at near optimum efficiency in delivering a high quality of therapeutic services to children for whom it is responsible.

Unavailability of funds has not allowed childrens services to expand. The overall quality and quantity of services to children has remained constant during the past few years. Much needed community residential treatment homes have not been developed as has been hoped. Some efforts to initiate prevention of psychiatric disorders in children through indirect services have been realized.

CONSULTATION AND EDUCATION

The Consultation and Education Component in the Deputy Commissioner's office of the Division has focused on expanding range and upgrading the quality of C & E activities available for groups, organizations and the general public during the 1978-79 fiscal year.

This two pronged mission has been pursued through:

- a. A series of meetings with C & E coordinators and staff, to share ideas, experiences and information as well as to identify mutual strengths and needs and plan appropriate training for the enhancement of their knowledge and skill related to the field.
- b. Training endeavors which addressed:
 1. Organizing and administering a C & E unit with a community mental health center operations.

2. Developing and delivering mental health services to industrial organizations for their workers.
3. Increasing the utilization of mental health services by minority citizens.

SERVICES FOR THE ELDERLY

Fiscal year 1978-79 can best be described as a year of "meeting challenges" for those involved in services to the Elderly. As in previous years, much emphasis was placed on service integration and coordination within our own system as well as other community agencies. As a result of coordinated efforts and staff commitment we were able to realize a 60% increase in direct service provision over the previous year. In addition, an astounding amount of C & E activities were generated, planned and achieved.

Other areas of accomplishments include the following:

1. Three statewide workshops were provided for aging coordinators, specialty staff and other service providers. The programs were coordinated by the two central office consultants on aging in response to requests from the 16 aging coordinators. NIMH Regional Consultants served as workshop leaders.
2. Individual consultation was provided to all of the centers and clinic aging coordinators and specialty staff.
3. Programmatic consultation was provided to the Colleton County aging program.
4. More workable and amendable relationships have been established with the Department of Social Services and Commission on Aging.
5. Workshop training was provided by central office aging consultants to various agencies providing services to the elderly in an effort to acquaint them with the special problems of the Black Aged, to allow for a better understanding of their special needs.
6. Informal and/or formal agreements have been established between CMHS centers and local agencies on aging.
7. Workable relationships have been established between CMHS and CFSH liaison staff.
8. A Conclave (workshop) was planned and coordinated by the two aging consultants for aging coordinators and central office staff. The workshop centered around:
 - (a) information sharing
 - (b) identification of need and commonalities
 - (c) understanding the specialty needs of the elderly
 - (d) program development

EMERGENCY AND PRE CARE SERVICES

There were twelve comprehensive centers and three non-comprehensive clinics operational in South Carolina in fiscal year 1978-79. All of the comprehensive centers are mandated to have emergency services available twenty-four hours/seven days per week. There must be a mental health professional accessible by telephone with the capability for face to face contact with the client and provision for medical backup if indicated. The clinics have varying degrees of emergency services capability and are generally available after hours through linkages with other key community caregivers such as hospital emergency rooms, local physicians, and law enforcement.

Emergency Services interface with all of the service modalities of a center but especially with court screening, pre-care and crisis intervention services. They are also closely linked to other resources in the local communities. Many provide training and "back-up" consultation to community programs such as "Helplines" or "Hotlines" which are largely staffed by volunteers.

The monitoring of the accessibility and quality of emergency services is done through standards audits, on-site visits, interviews with other community caregivers as well as after-hours unannounced telephone surveys. These monitoring efforts reflect that the person on call can be reached within a few minutes and have the capability for face to face contact with medical back-up generally available. Efforts have been made to strengthen the visibility, accessibility and quality of emergency services. Transportation, lack of alternate care resources readily available for emergency use, shortages of psychiatrists, etc. continues to pose problems for service delivery, especially in the more rural areas of the state.

Precare services are provided through community based intervention and treatment as an alternative to admission to a state institution. Funds from this program are used to purchase the services of local physicians and hospitals and for psychotropic medications for the medically indigent client, with supportive services provided by the center.

During 1978-79 there were approximately 11,754 unduplicated clients who were afforded some level of emergency or crisis intervention services that accounted for 23,930 contacts. Of the above number about 2,768 of these clients were considered to be on a precare status. There were 5,157 contacts with this group.

FILM & BOOK LIBRARY

The Film & Book Library continues to provide resources in mental health education to individuals and groups throughout the state.

The library's audio visual section rendered services to approximately 453,000 viewers during the fiscal year 1978-79. This is an increase of more than 33,000 viewers over the previous year. Audio visual resources found in the library include films, filmstrips, audio cassettes and video cassettes which were utilized by schools, churches, hospitals, mental health centers and clinics, law enforcement agencies, and civic organizations.

In addition to the films and other aids mentioned above, the library also housed and made available to the public a large number of books, journals and pamphlets on mental health education.

During the past year, the library acquired through Primary Prevention Services a file which includes 263 articles and books on Primary Prevention. These resources are available to the public through the Film & Book Library.

The overall goal of the library is to continue to provide and improve mental health educational tools and services for the entire state of South Carolina.

INSERVICE TRAINING

In the Division of Community Mental Health Services, training has been offered to approximately 750 center employees on two levels: Programmatic issues have been identified and developed through a series of workshops coordinated by specialty consultants in the areas of Addictions, Research and Evaluation, Services to the Elderly, Transitional/Partial Hospitalization, Consultation and Education and Primary Prevention. Specific skill development in a variety of therapeutic models was provided to individual centers in the areas of marriage and family therapy; group therapy; working with minority groups; special issues in the treatment of women and homosexuals; crisis intervention techniques; short term therapy with the chronic patient; effective supervision; use of community caretakers to develop parent education groups in a rural catchment area. A strong focus was placed on management issues via special training efforts with the SCDMH Division of Staff Development. Educational training materials for use in centers was both developed and loaned to the Division of CMHS in the form of video and audio tapes-cassettes for permanent placement in the CMHS Film & Book Library. Such materials cover a wide range of skills used in interviewing patients and diagnosing psychiatric problems. All centers send their staffs to Departmental training programs and most centers allow for selected attendance at out-of-state national meetings of value in developing professional competency for individuals.

PLANNING & PROGRAM DEVELOPMENT SECTION

Planning and Program Development assists with administration of Divisional responsibilities. The Section relates primarily to state and federal programs and associated documents. The Section seeks to assist with the keeping of state and federal mandates and to the obtainment of maximum financial resources for statewide community services.

A major effort of the Section is the provision of general administrative consultation and technical assistance concerning major third-party reimbursement resources. Paramount among these activities are those which focus upon Medicaid (Title XIX) reimbursement, Medicare (Title XVIII) and Title XX. The Section serves as a channel to maximize utilization of such Titles. Also involved is a continuous effort to explore innovative activities which seek new or enhance current reimbursement mechanisms.

The coordination of Divisional participation into the annual State Mental Health Plan is of emphasis. Significant planning contributions related to Title I and Title III of Public Law 94-63 (Federal Community Mental Health Centers Act, as Amended) are evidenced. For example, in concert with local, state, and federal officials, the Section furthered the development of a statewide network of community mental health services by assisting with the establishment of those necessary structures during the past year to create two new catchment areas for local programming, thereby making a state total of eighteen. Sustenance from structures should materialize during FY 79-80. Expectations are that additional services and federal dollars will become available because of the new subdivisions.

In addition to efforts designed to seek every available funding resource and to the orderly expansion of quality services, the Section is involved also with statewide program development. Of import within this arena, the Section administers 314(d) mental health funding for existing projects and is involved with other initiatives which have potential 314(d) funding. Ultimately, the Section files a yearly Progress Report on the utilization of all mental health 314(d) funds to HEW.

In conclusion, among some new responsibilities, the Section coordinates a Divisional planning procedure in accordance with the Grants and Contracts Review System of the State Auditor's Office. Several dozen funding opportunities require Grants and Contracts Review System approval per year. Every effort is made to insure maximum benefits from each available dollar.

RESEARCH & EVALUATION

The Research & Evaluation Section has continued to assist centers in the development of quality assurance programs and in conducting an annual assessment of need for community-based mental health programs. The comprehensive medical records system developed by the Division was linked to the management information system. A cost accounting system which links the MIS to management has been developed. A contact ticket which links an accounts receivable system to the MIS was designed and has been implemented in ten centers.

TRANSITIONAL LIVING

This office has served as a consultant to the Transitional Living Program in the centers. The programs have developed around two distinct aspects; 1) transitional services and 2) alternate care facilities.

The transitional services aspect of the program offers the client supportive services that will help him move from a dependent state to his/her optimal level of functioning in the least restrictive environment. Closely tied in with transitional services has been the development or expansion of alternate care facilities. The placement of clients who are in need of some type of living arrangements has varied from highly structured, supervised boarding homes to unstructured apartment living, and from crisis-intervention to long-term care placements. There were 9,380 *total* client contacts in this service during the '78-79 fiscal year.

A survey was conducted with the Transitional Living Coordinator in each center. The most significant need in the alternate care area was reported as more placements for long-term support clients, those identified as needing long-term, structured living arrangements. The coordinators also identified the need for more staff and/or staff time to be available for consultation and education to alternate care facilities operators, for community resource development, and for follow-up of referrals.

AIKEN-BARNWELL MENTAL HEALTH CENTER

General: FY 78-79 has been a hectic one as the Center has worked to implement new standards and procedures mandated by federal and State sources. This has involved significant changes in operations and time spent in administrative activities by all staff. A disturbing result has been a decrease in the amount of staff time available for direct services to clients.

Much of the planning of this year has been focused on the development of an Initial Operations grant application for providing com-

prehensive mental health services, which will place the Center in a better position for meeting the increasing demand for its services.

Outpatient Services: Adult Services staff has made a strong effort to increase the number of hours spent in direct-service activities. The goal has been to spend at least fifty percent of committed time to direct services.

Elderly Services has had a strong emphasis on increasing our contact with care-giving facilities for the elderly in our catchment area.

In Children's Services, a greater demand for direct services to children is being felt than can be met with available staff, not only in Aiken but also in Barnwell County. Parenting groups have been more greatly utilized as a result of increased referrals from other agencies, which are becoming more aware of this service. Inservice training and case consultation are being provided to the Protective Services division of the Department of Social Services, in addition to our participation in the Multi-Disciplinary Treatment Team for Child Abuse and Neglect, an advisory group to the Department of Social Services. We have also participated in the formation of the Council for Child Abuse and Neglect, whose purpose is to educate the public about this problem. A Parents Anonymous group was organized but later disbanded due to too few people attending. There had also been plans to start a therapy group for children of alcoholic parents as well as one for children of divorced parents. These were not able to be effected due to lack of available staff time.

The Crisis Intervention Training program for law enforcement personnel was developed and implemented successfully. Its usefulness is beginning to be noticed by others as a result of its help to those who had been in the course. Additional classes are being planned.

Efforts have been productive in fulfilling a cooperative agreement between our Addictions Service and the Aiken and Barnwell County Commissions on Alcoholism and Drug Problems. Unfortunately, we had an Addictions Specialist for only half a year, so that the program never reached its potential. Due to State funding problems, this position will be dropped in FY 79-80.

A strong emphasis was placed on inservice training for our staff. At least twice monthly a training program was held, utilizing staff, outside presentors, films, and case presentations. More recently, weekly case presentations by staff have been held to review and learn from case material.

Program Evaluation: An extensive evaluation of community needs was made. While it was shown that in fact every program area could use increased services, those with priority would be: 1) full-time operation of

our satellite offices, 2) more widely available children's services, 3) local short-term inpatient hospitalization, 4) a 24-hour emergency on-call service, and 5) more intensive partial hospitalization program and follow-up services to aftercare patients to reduce the increasing number of persons going to the State hospitals. Increased public education continues to be a strong need.

Screening to Courts: The Center's arrangements with the Aiken and Barnwell Probate Courts has resulted in an increased availability of Designated Examiners and thus a reduction of those logistic problems so very often inherent in the patient adjudication process.

Partial Hospitalization: A program was offered five hours a day, four days a week. It combined intensive group therapy, individual therapy, chemotherapy, and adjunct activity therapies to prevent hospitalization of acutely disturbed clients of the Center. The program was expanded to include an average of 16 clients per day and served a total number of 82 different clients.

Transitional Services: A Daily Living program was offered three hours a day, three days per week in the Aiken office and three hours a day one day per month at the Barnwell satellite. It consists of activities, socialization, and living skills instructions to aftercare patients in an effort to maintain them in their home communities. An average of 11 clients per session were seen in Aiken and 6 in Barnwell, and served a total number of 23 different clients.

Precare/Aftercare: A program was offered consisting of hour-long monthly medication-check groups for aftercare patients who continue to need medication and minimal casework to support their living in the home community and who need some help with improving social skills. Thirteen such groups were offered by a counselor and a psychiatrist at the Aiken office, two in Barnwell, and two in Clearwater. The program was expanded to include two additional groups in Aiken and the addition of the Clearwater site, which helps alleviate some of the transportation problems noted in our recent needs assessment. The program averages seeing 132 clients per month and saw a total of 190 different clients during the year.

Emergency Services: In December 1978 a program was begun during regular business hours in which a therapist was available to see all emergency intakes and provide crisis intervention, hospital screening, and other referral services for those clients calling the Center in acute distress. Most clients are seen one to three times in this program. A total of 340 clients have been seen for this partial year.

Consultation and Education: Community outreach continues to show improvement both in the number of contacts and in the results. Clergy response remains less active than desired although attendance at two clergy workshops was good. The theme for these was "Pre-marital Pastoral Care," one being held in Aiken and one in Barnwell. Favorable feedback was received from our display at the first annual Health Fair sponsored by the local hospital. Aside from the community response, a positive spin-off was the enhanced relationship between the agencies involved. Community reception of a bi-monthly radio show "People Problems" has been outstanding. The informal interviews dealing with such topics as anger, depression, explaining death to children, holiday blues, suicide, etc., relied heavily on Mental Health Center staff as well as other important community caregivers. One of the most positive accomplishments of the year has been the cooperative efforts between the Mental Health Center and the Mental Health Association. Evidence of this has been apparent in the continued success of community workshops and the radio program mentioned earlier, all of which indicate the positive effect of cooperative work toward enhancing mental health education in our catchment area.

Administrative Services: Much effort has been exerted in trying to accommodate to federal and State regulations and standards, especially those for Medicaid. New medical record forms and reporting procedures have been adopted; the McBee System for Accounts Receivable and Statistical Data has been implemented to supplement the SCDMH Management Information System; intake, staffing, and psychiatric evaluation procedures have been revised and expanded to meet Medicaid requirements. A second psychiatrist has been employed to meet the additional requirements as well as to improve the quality of patient care. Increased emphasis on billing has resulted in a nearly 100% increase in fee collections over the preceding year. Much effort has been expended in planning, writing, and defending an Initial Operations grant application. Word concerning possible funding of the grant will not be received until 10-1-79.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The major tasks of the Center during fiscal year '78-'79 were to: meet the requirements of Public Law 94-63, implement one new program, strengthen quality assurance, review utilization of staff resources, begin work under the newly funded Consultation and Education Grant, utilize the outlying satellite Clinics on a full time scale, and to continue in strengthening the Central Administration Program. Though short

staffed and short funded, all services were in place by the close of the year.

The Board of Directors expanded from 12 members to 15, selecting one additional person from each of the three counties. Rather than establishing a separate Citizens Advisory Committee to the Board, the membership expansion placed the Board in compliance with Public Law 94-63.

Although State funds were available to the Center the last quarter of '78-'79 to begin a Holding & Stabilization unit, lengthy negotiations with the local hospital necessitated carrying finalization of the program into the new year. The Holding & Stabilization Program is designed to reduce voluntary and involuntary admissions to the Crafts-Farrow and South Carolina State Hospitals.

Quality assurance received major emphasis. Having reorganized, the Committee, which met regularly, was considerably more effective than in the past. New guidelines were developed and both Committee and other employees became more cognizant of the exact role and function of the Quality Assurance Program.

Research and Evaluation gathered pertinent information regarding utilization of staff resources. This data provided key directors and supervisors with the kind of information necessary to evaluate strengths and weaknesses of our program development. The result was most beneficial to the Board, staff, and clientele.

There was a constant effort to maintain a strong and viable Central Administration Program. Much emphasis was placed on total accountability, both fiscally and programmatically.

While we experienced cutbacks financially, the staff of the Center continued their commitment to provide quality services in the area of direct services to patients, and prevention through indirect services.

BECKMAN CENTER FOR MENTAL HEALTH SERVICES

During the fiscal year 1978-79, the Beckman Center has endeavored to meet the goals and objectives outlined in its Plan of Operation. The goals of increased awareness of services, implementing increased hours of services to those counties most severely underserved and providing programming to respond to high priority issues identified in the needs assessment have been accomplished.

Outpatient Services:

Direct services, in the form of outpatient care, remains the main stay of the direct service system of the Beckman Center. Number of contacts for the previous year was 22,816 with anticipated growth to 25,097 for the year 79-80.

As a result of last year's needs assessment, four of the seven counties were targeted for increased satellite service due to severe underservice. A planning retreat was held to solve this problem in December of 1978 and the results were implemented in March of 1979. The new schedule for these four counties reflects a five person treatment team visiting one full day per week. The counties receiving the increased service are Abbeville, Edgefield, McCormick and Saluda. At the time of this writing, client contacts in each of these counties is showing an increase.

During the past year, the underservice shown in Newberry County was also wiped out according to the new needs assessment. While Newberry showed a 21.8% underservice in our 1977-78 needs assessment, a 0.6% overservice was shown on the latest one. Other data of interest include a decrease in over utilization for Greenwood County and a decrease in Abbeville County's under utilization. All information reflects patterns of this Center's strong commitment to the satellite approach of service delivery.

While special services to children and the elderly are integrated with the outreach satellites, both have been established as separate service elements. It should be noted that while direct clinical services remains integrated in the outpatient unit, specific individuals hold coordinating responsibilities for these special populations.

Precare/Emergency Services:

The precare screening unit and emergency service elements are combined administratively. The unit operates effectively in providing initial screening and intake procedures as well as crisis intervention. The goals for 1977-78 included increased visibility to the public of this service and formalizing a contract for continuity of care with the inpatient unit at Self Memorial Hospital.

This unit has been highlighted in the slide-tape presentation developed by the Center to increase awareness on the part of the general public. Numerous ads in programs and publications and the production of radio spot announcements have also been accomplished to fulfill this goal.

A formalized addition to the inpatients policy and procedures manual was developed and accepted by the hospital. The procedures outline steps to insure continuity of care for clients referred to and from the inpatient unit to other center services.

A clinical case study was accomplished during the year on an identified problem with utilization of the Helpline answering service.

Substance Abuse Services:

This service element continues to have problems centered around personnel. The primary goal for last year was the recruitment of a

coordinator for this unit. An excellent individual was hired, however, was killed in an auto accident within six months of his employment. A new coordinator has since been named, but constant shifts in personnel during the past two years has resulted in problems with community linkages and referrals.

Formalized and specific memoranda of agreements are being developed with the seven county alcohol and drug abuse commissions. The primary emphasis remains with direct treatment to substance abusers with an increase in caseload noted.

Alternate Services:

The alternate services program consists of Partial Hospitalization, Aftercare and our Transitional Living programs.

(a) Partial Hospitalization: This program has continued to operate 5 days per week. Programs for consumers in transitional living and aftercare are complimenting the primary program to those severely disturbed. The ultimate goal remains to prevent hospitalization. The addition of evening family groups for consumers in the program was instituted to help further accomplish this goal.

(b) Aftercare: The population of this service element has received increased services as a result of the increased satellite coverage mentioned in the outpatient section. Staff of this unit are included in the treatment teams and are in the four above mentioned counties one day per week.

Services, while still using the group modality predominantly, have expanded to include increased individual counseling and home visits to families of clients. Establishment of "high risk" groups is currently underway. This concept provides for increased counseling and support to identified clients in potential high risk of returning to the hospital.

(c) Transitional Living Service: This program has continued finding placements and follow-up services for the institutionalized consumer. Additional placements were secured during the grant year with current work hopefully to produce more by the start of the new grant year. Increased follow-up of consumers has been evident with the establishment of socialization groups, increased home-visiting and individual contacts with consumers. Volunteers are used to help make the adjustment from institutional life to independent living.

Consultation & Education:

This service element accomplished much in the grant year. A slide-tape presentation was developed as the primary instrument to increase visibility of Center services. It has been shown to date approximately 30 times to an audience in excess of 1500 people.

Parenting groups are underway in 2 of the 7 counties. Additional counties will be added shortly. The use of trained volunteers to lead these groups has been successful.

Increased use of our professional staff as a resource for workshops and seminars has occurred. This has resulted in increased revenue for indirect services.

The above mentioned accomplishments have gone a long way in meeting the Center's goals for this grant year.

Special Services for Sexual Assault:

The Greenwood Rape Crisis Council, coordinated by the Beckman Center, has become a viable volunteer group in the community to assist the victim of sexual assault. Programs on self-defense, rape prevention and education on sexual assault are on-going and more numerous than last year. Other counties are requesting programs, particularly in the area of self-defense.

The goal to develop a council in Laurens County has not materialized as yet. Despite interest in programs mentioned above, no significant or long-standing volunteer interest has materialized. With increased contacts, however, these individuals should be identified.

General:

The Beckman Center endeavors to maintain operation of the twelve mandated services required under PL94-63.

The organizational structure of the Center has undergone no significant changes during the grant year. The treatment teams, while more crystalized, still fall under the supervision of the coordinator of outpatient services.

The catchment area consists of the counties of Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry and Saluda. The population, according to the 1970 census is 187,959. The catchment area profile produced by NIMH Office of Program Development and Analysis (March 1977) outlines the following information about the catchment area. The census units are county boundaries.

<i>County</i>	<i>Total Population</i>	<i>Number in Poverty</i>	<i>% in Poverty</i>	<i>Residents Served</i>
Abbeville ...	21,112	4,244	20.72	114
Edgefield ...	15,692	5,559	35.52	71
Greenwood ..	49,686	7,038	15.30	600
Laurens	49,713	7,516	16.32	380
McCormick ..	7,955	3,079	39.19	60
Newberry ...	29,273	5,948	20.80	179
Saluda	14,528	3,577	24.77	65
Total	187,959	36,916	20.28	1,469

The catchment area has been designated as a rural poverty area by the Secretary HEW.

CATAWBA CENTER FOR GROWTH AND DEVELOPMENT

In an effort to improve the quality of care of patients and to demonstrate that quality care has been provided, much effort has been expended. Specifically, a new medical records system has been developed and its use has begun. There has been the development of several committees designed to address certain areas such as utilization and peer review. This will no doubt provide better documentation of both patient care and where care needs to be improved.

A manager/advocate for service to the elderly has been appointed and a community task force for the elderly, relative to mental health particularly, has been established and has become functional.

Attempts were made to improve delivery of outpatient services in the Rock Hill area by operationalizing a team concept by broad service areas such as partial, children and adolescents, emergency services, precare, aftercare services, etc. To expedite service delivery, a group screening procedure has been developed for both children and adolescents and for adults.

One of our psychiatrists resigned in May and this leaves us somewhat short-handed relative to psychiatrists' services.

Partial hospitalization: The hours of partial hospitalization programming have been increased to 3 p.m. two days each week. There have been increased efforts during the year to involve families of patients in their overall treatment.

Substance abuse: Although we do not have an identified detoxification program, many persons who are in medical emergency status due to substance abuse have been treated by us through our emergency services, inpatient services, partial hospitalization, and on out of our system through outpatient services. The indirect aspect of substance abuse in our programming is in the area of consultation and primary prevention. Programming has focused to an appreciable degree around the fetal alcohol syndrome as an area of advantageous prevention.

Emergency Services: A full time position for chief of emergency services has been established. Services are provided seven days per week, twenty-four hours per day.

It seems noteworthy to mention that 76% of appointments made for screening of children and adolescents were kept.

Our children and adolescents' staff has participated in interagency staffings in the court in Rock Hill, Staff have participated in interagency staffing and treatment planning for referral to this Center from the local Boys' Home and has assisted in their program development. With Headstart Health Advisory, the staff have participated in planning and review of that preschool program.

Outpatient services: Outpatient services continue to constitute the bulk of contacts for children and adults. Of noteworthy focus is the fact that we do not have a waiting list for patients to be seen at this time.

Precare, Aftercare, & Transitional living services: Over-scheduling of aftercare appointments have resulted in better utilization of staff time assigned to aftercare. During the year an improved system of contact with our State Hospital system has been initiated toward better aftercare services. Our aftercare rolls continue to grow because of this and other factors.

Emergency services: During the year there was improved coordination between emergency care and inpatient care, resulting in better continuity of care. The need is sorely recognized for a separate and secure inpatient unit that is not presently available. Nevertheless, we have active inpatient clientele.

Satellite programs: We continue our satellite offices in Chester and Lancaster. Due to decreased funding, the size of the Lancaster program was decreased and therefore fewer contacts were made during the year there. The Chester County satellite had increased staff and therefore increased output.

Consultation and Education: Effective July 1, 1978, a full time coordinator of consultation and education was appointed. This was a boost to that service area in that the full time focus of one person could be upon that particular service area. For most of the year, the position was unfilled but was filled for the last four months of the year. C & E is focusing on primary prevention to a great degree and has indeed become a viable service area that is enhancing our image as it meets community needs. One example of this is workshops having been developed on "stress" and "professional burnout."

At the beginning of this fiscal year, a majority of the consultation and education activities were focused on providing public education through speaking engagements. Several community groups received mental health education through presentations including local schools, colleges, hospitals, and churches.

Current focus for C & E is again mental health education but the methods have changed from the above. Inservice training for community agencies, workshops, and seminars are currently the methods used. In May, four seminars for the clergy were presented by C & E staff. This was on a fee for service concept, the first of its kind with ministers for us, and was well received. C & E staff was also involved with several public seminars sponsored by York County Mental Health Association. Two important workshop packages have been developed that are to be used in catchment area, "stress" and "burnout."

It is felt that consultation and education programming is well on its way to clear identification as a service area with recognizable goals and methods of accomplishment. Primary prevention will continue a strong focus and therefore consultation and education focus will be more on workshops, program consultation, and staff development programming. Although not neglected, it is expected that less focus will be placed upon one time public speaking engagements.

Quality Assurance: Last but not least in being reported upon is the area of quality assurance. Quality assurance in our agency includes staff development, peer review, utilization review, program evaluation, and research and evaluation. No active research is ongoing and therefore our quality assurance efforts are focused in other areas.

Staff development has provided the staff with a two day workshop on treatment of women and a two day workshop on homosexuality. The staff development has provided weekly inservice programs and maintained records of staff training. The committee has also established a system for the purchase of library materials on an organized and manageable basis.

Peer review has become an organized, functional, committee and has performed reviews involving five service areas. A program evaluation of one service area has been performed.

Since all quality service delivery programs should adhere to patients' rights, our efforts have been to begin to review established standards and organization of other center's patients' rights efforts as a prelude to developing specific ones for ourselves.

Under the direction of our quality assurance coordinator, our medical records committee has produced a new medical records system which has been implemented in all service areas. The annual needs assessment was completed and the results were distributed to service area chiefs to be used in program development and planning for the coming year.

CHARLESTON AREA MENTAL HEALTH CENTER

During FY 1978-79, reorganization of Center services along the *Balanced Service System* lines suggested in Joint Commission for Accreditation of Hospitals (JCAH) guidelines for accreditation of community mental health centers became a fact. Generally, our reorganization has grouped services into two major subdivisions consisting of elements focused on skill acquisition and those focused on skill utilization. The outpatient operations in the two rural counties (Berkeley; Dorchester) are retained as separate entities for the time being. Child and Adolescent (C & A) service retains its identity as before also. However, our intake and screening area, 24-hour emergency, short-term crisis-intervention and the crisis care unit (Inpatient Hospital) are grouped

under "Identification/Crisis/Stabilization Services." This service area also provides a "Court Screening" function, an outgrowth of the demonstration pilot project for emergency and judicial commitment which was initiated at the close of FY 76-77, and is at this point starting its third year of operation. Our Follow-Up, Transitional, and Day Care and other partial hospitalization components are now subsumed under "Community Support Services." Services for the Elderly maintains a separate place for the time being, but we anticipate including the person responsible for this coordination under Community Support Services in the near future. Indirect services (C & E) has become an identifiable administrative unit during the year, thereby meeting federal requirements.

Medical support for service delivery is now separated from administrative line responsibility but maintains medical/supervision input for all service areas. A "Case Management Support" function is now assigned to an interdisciplinary team of service-area heads. This provides case-management supervision in a coordinated fashion, has continuous consultation help from the psychiatric staff, and makes clinical service recommendations to the center director. We anticipate that this team will take responsibility for the peer review function when our newly adopted quality assurance system is revised.

This year has also seen adoption of new medical records standards with resultant more positive reports from review agencies and authorities. We devised and implemented policy dealing with Quality Assurance and record review, having had these in place since December, 1978. Under a Region IV Technical Assistance Grant, staff has obtained special training in Quality Assessment methods and have responsibility for state-wide CMHC education in these methods in future months.

The catchment area population continues to grow significantly. Responsible authorities, the Charleston Community Mental Health Board, Community Mental Health Services Division representatives and the regional Health Systems Agency have responded to the service need implied in population growth and to related federal guidelines. Appropriate action and study toward the eventual division of the catchment area has been initiated.

We are pleased with our progress in managing and controlling center operations. We have reached the point where we are willing to report that maximal use of the resource dollar has been achieved.

COASTAL EMPIRE MENTAL HEALTH CENTER

Coastal Empire Mental Health Center, serving the Lowcountry counties of Allendale, Beaufort, Colleton, Hampton and Jasper, is entering its fifth year as a comprehensive mental health facility. The Center has evolved to the point of providing the full range of mental health services within each of the five counties with 49 employees distributed throughout a network of four full-time and three part-time offices.

This moment in the Center's development is one of both challenge and stress. On the one hand, Coastal Empire Mental Health Center is continuing to become a valued partner in community services and has significant linkage relations with DSS, schools, public health, comprehensive health services, law enforcement, courts, and the medical community. In fiscal year 1978-79, Coastal Empire Mental Health Center staff treated 1,180 new admissions, engaged in 15,932 contact interviews and spent approximately 3000 hours in C & E activities reaching approximately 40,000 persons. A focal point of the Center this year was the increased emphasis and utilization of media for community education purposes. Currently the Center is eagerly anticipating the development of a ten bed inpatient unit in the soon to be completed addition to the Beaufort County Memorial Hospital. Hopefully, the increased in-patient capabilities will significantly reduce admissions into the State Hospital System, and continue to increase the validation of community mental health in the minds of area residents and officials.

On the other hand, Coastal Empire Mental Health Center is at a point in time when the Center's development is necessitating increased sophistication as concerns utilization of staff time, financial planning, quality assurance, program planning and development, and research and evaluation of all Center efforts. With the growing demand for services and increasing costs is coupled a disproportionately low increase in monies available for operation. Thus, the immediate future of Coastal Empire Mental Health Center will be acutely concerned with assessing community requests and needs for services in light of what services can be best provided while maintaining a level of financial stability.

It is anticipated that this period of assessment of how services can best be focused for maximum effort, impact, and productivity will enhance the Center's receptiveness to community needs and will heighten the Center's sensitivity to the myriad of responsibilities indigenous to a comprehensive community mental health center.

To that end the immediate future will be focused.

COLUMBIA AREA MENTAL HEALTH CENTER

Fiscal year 1978-79 was one of significant change for Columbia Area Mental Health Center. To begin with, the Board selected a psychologist with considerable management experience, as the first non-medical Executive Director of the Center. He assumed management responsibility in August 1978 and has led the Center in its increasing administrative attention to the operation of programs and the delivery of services. As a part of this attention a Management Team was created, consisting of the Director and several of the high level service chiefs/supervisors, which has assumed responsibility for planning and management.

A second major change within the past year was the decentralization of the intake, fee collection, and records management functions to the individual service units. In this way greater control over critical support services is exercised at the area of service delivery, and allows for a more coordinated approach to recipients of services while at the same time improving the fee collection and reimbursement processes. At the same time, the Center introduced the McBee card-sort information system to assure timely feedback to supervisors and the Management Team of the amount and type of services being provided and the number of clients being served.

During the past fiscal year, the staff of the Center has been reduced from 106 to 88 personnel. The present composition of the staff includes 57 clinical and 31 administrative support personnel. This significant reduction in staff is the result of several factors. These include the expiration of the Conversion grant from HEW, a temporary decrease in the psychiatric/medical staff, and the transfer of some staff members and positions to the newly established Lexington County Mental Health Center. Consistent with the provisions of Public Law 94-63, Lexington County was designated as a separate catchment area and is in the process of establishing a mental health service delivery system. During this time the Columbia Area Mental Health Center has continued to serve the residents of Lexington County.

Despite the reduction in personnel experienced this year, the Center has attempted to maintain and even improve the level of services offered. A revised contract with Richland Memorial Hospital for inpatient services was negotiated, emergency services were upgraded, children's services were made more accessible by providing services in the local schools, and services to the elderly were focused and improved. In addition, the satellite office in Winnsboro was maintained and plans were made for the opening of a second satellite clinic in the Eastover area of Richland County.

A major achievement of the Center during this year was the receipt of a grant of \$93,200 from the Social Security Administration for the delivery of services to the approximately 1,000 Indochinese refugees living in South Carolina. This program involves the hiring and training of refugees to provide information, referral, and other services to meet the needs of any Indochinese refugees in the state.

GREENVILLE MENTAL HEALTH CENTER

The end of 1978-79 fiscal year marked our second year of survival following the termination of the federal operations grant and the beginning of a long siege toward maintaining our survival. Unlike all other Centers in the state, the Greenville Hospital System had been the recipient of the federal grant which placed the Greenville Mental Health Center in the unique position of being ineligible for any special grants to alleviate funding problems. Adding to our problem, we ended the 1978-79 fiscal year with a \$25,000 cut in local funds. However, we were successful in getting that amount restored as we began the current fiscal year.

Out of necessity, much attention has been given this year to increasing our local funding through more stringent fee collection, prioritizing efforts toward development of creative billable services, and strengthening our local support. These efforts have benefited us with a 23% increase in fee collection over last year.

Other efforts, to offset the increasing imbalance of available funding vs. loss of federal dollars and increased operational costs, have been in the area of curbed spending and reduction in staff via attrition. We have a total of 6 positions vacated this year and a loss of 2 contractual physicians.

In spite of these factors and the continual mounting financial pressures, we have maintained all of our services with some expansions of services and are proud of the continued quality.

The most significant expansions have been in the area of Consultation and Education. In November, 1978, we were awarded a federal grant to develop C & E Services. This enabled us to establish an indentifiable C & E Unit with a full time Coordinator and three part-time staff. A few of the accomplishments of this unit are:

1. cosponsorship of a statewide Minorities Conference
2. increased contacts in business and industry
3. the development of the Good Grief Resolution Project with the Greenville Junior League
4. training for law enforcement officers
5. participation in the Victims Witness Program of the Solicitor's Office

6. development of a self-help group for parents of infants who experienced the Sudden Infant Death Syndrome
7. increased training and consultation to schools, clergy and general public

Screening services have been expanded in collaboration with the Probate Court and with the allocation of special funding to increase utilization of local hospitalization. Of the total 254 evaluations provided for the court, 206 were done by the Mental Health Centers in the County with 73% performed by this Center. Local hospitalization, initiated by the Center, has increased approximately 55%.

The Child & Adolescent Program continues to be a strong component of our services and provides for services to children and adolescents in all the Mental Health facilities in the County. The Foothills office alone is presently working with 31 schools in addition to regular services.

The development of the second Mental Health Center in the County did not produce the temporary reduction of case load for this Center as was anticipated from the transfer of cases. We ended the year with an overall increase in admissions of 25% with 41.3% of the total caseload being within the poverty level.

In spite of the continued excellence in quality of services; the maintenance of all services with less staff; and the increase in numbers served, we ended the year facing a more inadequate funding for FY 79-80; less staff and the resignation of our Director. In spite of the pressures facing us in the coming year, with the quality of personnel of leadership received, we will remain unified and well prepared to deal effectively with our future.

ORANGEBURG AREA MENTAL HEALTH CENTER

Fiscal Year 1978-79 was one of major change, growth, and reorganization at the Center. In September, 1978, the Center was awarded an initial operations grant enabling it to become a comprehensive Center. As the December site visit report indicated, substantial progress had already been made in the development and implementation of most of the twelve mandated services.

During the year 38 additional professional and support staff were hired. Recruitment efforts were successful in attracting a wide range of qualified professionals and paraprofessionals. The current organizational structure was designed so that all service sections are headed by professionals at the Ph.D. level (where appropriate) who report directly to the Center Director. All service component chiefs hold a minimum of a Master's Degree.

In the administrative area, several mechanisms were implemented to ensure controls relevant to Center needs. An IBM System 6 was installed to maintain client data, expedite paperwork, and store program evaluation data. A tri-copy contact ticket was implemented to facilitate billing and fee collections. The content and quality of medical records was improved by converting to a four-part folder and standardized forms. Staff training and routine chart reviews were implemented to ensure the quality and completeness of chart documentation.

A quality assurance program was implemented which includes mechanisms for utilization review, peer review, clinical care evaluation studies, and quality assurance-program evaluation coordination. Initial development of a process for assessing a client's level of functioning at admission and discharge were undertaken, and program evaluation capabilities were strengthened. A Professional Advisory Committee was established to ensure input from all center components on professional issues and to serve as liaison to the Board of Directors.

A Triage Team concept was adopted to ensure immediate access to clinical services. Psychiatric coverage was expanded by hiring additional personnel to provide services in both the main Center and all satellites. A 24-hour emergency service, manned by clinical staff on a rotating basis, was made operational.

Collaborative agreements were established with the Tri-County Commission on Alcohol and Drug Abuse, several catchment area school systems, state hospitals, and local law enforcement agencies. Many consultative and educational projects, primary prevention activities, public education programs, and media campaigns were completed.

All of the satellite clinics were made fully operational during the fiscal year. Each clinic now provides a full range of services within easy access to all catchment area residents.

Day care and transitional living services were developed and began serving the needs of both deinstitutionalized clients and those requiring intervention to prevent the need for hospitalization. With the hiring of a geriatric specialist, coordination of services to the elderly was initiated.

Negotiations were initiated with the Orangeburg Regional Hospital for inpatient psychiatric services. With the development of inpatient capability early in the 1979-80 fiscal year, all twelve mandated services will be operational. It is expected that admission to state hospital facilities will decline appreciably during the next fiscal year.

No major problems were encountered in attempting to achieve the year's goals. Projections regarding increased caseload and increased fee collections were not met, however. This is attributed to: 1) hiring and reorganization efforts which hampered effective staff utilization; 2) lack of adequate psychiatric coverage; 3) lack of a sound process for tracking

and billing for services; and 4) inadequacies in record documentation. All of these problems were addressed and resolved by the end of the fiscal year. Plans for fiscal year 1979-80 include goals specifically aimed at improving the Center's visibility and accessibility, factors which will also increase the Center's caseload.

Tremendous progress was achieved during the fiscal year toward developing comprehensive services, instituting procedures to ensure quality and continuity of care, and heightening the Center's availability, accessibility, and acceptability to catchment area residents. It is expected that the coming year will reflect continued improvement and refinement of services and programs.

PEE DEE MENTAL HEALTH CENTER

The Center has completed its fifth year of providing comprehensive services to our three county area.

The Board of Directors has experienced a considerable change as several vacancies occurred and the additional new positions were filled. The major board committees gained fresh leadership which stimulated increased board policymaking and participation. Board members have participated in training about Primary Prevention and Board responsibilities. The Departmental standards audit reflected considerable improvement in most areas of review.

The financial status remained stable for the most part, but the new stringent Medicaid and Title XX reimbursement requirements reduced our anticipated income from third party payors. The Operating Budget included: Federal 507,429; State \$206,113; Local \$111,840; Collection \$155,000; for a total of \$980,382. With a special Federal Grant additional office and activity spaces were built adjoining the main Center building. The new wing was dedicated in honor of Mrs. Hazel Gee, a longtime active supporter and past Board member of the Center.

Program and Organizational Milestones:

1) Completed one year of experience with specific Supervisor-Supervisee contracts which clearly induced and increased the productivity of staff relationships and completion of service objectives; and 2) The first annual "Run For Your Mental Health" race was held at the Darlington Raceway. This event was lauded as a great success as it broadened the awareness of the Center and increased a sensitivity to the need for Preventive Mental Health for the general public.

Service Unit Accomplishments:

Inpatient — An important shift was made to provide "Open Staff" privileges to community Psychiatry, thereby increasing utilization,

cost-effectiveness and strengthened linkage to hospital and medical community by initiating and leading a Department of Psychiatry at Florence General Hospital.

Outpatient — Marion — Maintained a full caseload of about 170 active cases and provided special projects in the areas of primary prevention and Mental Health education.

Darlington — The three full time service providers maintained an all time high service level of client contacts and community education hours to Hartsville, Darlington and Lamar.

Florence — A special educate-the-public program was launched.

Day Treatment — Achieved a multi-service program level, with particular emphasis on special service to Vocational Rehabilitation clients, and utilization of Videotape feedback learning for patients, and developed special out-bound groups.

Aftercare & Precare — Finalized specific contracts with local hospitals and pharmacies to more effectively serve the clients' needs.

Transitional Living — Increase in counseling the residents and introduced a level of functioning system to more clearly monitor client progress. A community liaison and task force was developed.

Emergency — Increasingly well organized and trained Emergency On-call system; and much more active working relationship with McLeod Emergency Room and with the local Detention Center.

Child, Adolescent, Family — Several staff changes and leavings created a situation of providing a limited service level during the last half of the year.

Elderly — The full time staff person has added much to direct consultation and service provision with local nursing homes and other resources in the community.

Alcohol & Drug Abuse — Closure on working relationships and contracts with the local Commissions has been achieved.

Rape & Sexual Assault — Provided a prized direct service with immediate response capacity as well as appropriate community education and consultation.

In the area of Quality Assurance, a new system for an ongoing Medical Records Review has been developed and started along with the resumption of Utilization Review. Program Evaluation efforts also included: A public hearing on evaluation of the Center services, updated service area needs assessment, and a revised and updated client satisfactory survey. Our client record system was revised and updated to assure total compliance with reimbursement and quality standards. All center employees have completed 6 hours of record training.

SANTEE-WATEREE MENTAL HEALTH CENTER

The Santee-Waterree Mental Health Center has continued to refine and develop mental health services to its four-county catchment area during the 1978-79 fiscal year. With the delivery of high quality service to persons in emotional stress being the primary objective of the Center, the staff is constantly aware of the need to make services as readily accessible and as appropriate as possible. At the beginning of the year, this Center had 1859 patients receiving services and during this year an additional 1327 patients were admitted into programs. At the end of the year, there were 2108 patients being served by the various programs of the Center. The number of patients has steadily increased in such increments over the past six years.

The twelve mandated services continue to be in place. Attention has been given to examining certain specific services in order to increase their effectiveness. There are five that deserve particular mention here and these are:

1. *Outpatient Services*, traditionally one of the services in most demand, has restructured the disposition process in order to assure appropriateness of assignment and with as little delay as possible. Treatment plans and plans of care meetings have been a major focus over the past year, giving more clarity to treatment direction with an ongoing assessment of progress in treatment.

2. *Partial Hospitalization Services* completely assessed and restructured its focus, giving major emphasis to patients in acute states. More definitive criteria were developed, assuring appropriate assignment to the modality. There is a better tracking of patient progress during treatment with a smoother transition from the Partial Hospitalization Program to other Center or community services. The program continues to draw heavily upon community resources, working closely with other agencies and organizations, e.g., Vocational Rehabilitation, Parks and Recreation, the Community Art Gallery, adult education, Clemson Extension, etc.

3. *Inpatient Services*, under the administration of Tuomey Hospital, has had the benefit of a well-trained psychiatric head nurse who has done much to strengthen this service. While the relationship with the Inpatient Service has consistently been a positive one, the liaison between the Unit and the Center has been further strengthened. Continuity of care for patients has continued to be a major concern of the Unit, particularly in view of the short-term stay of patients on the Unit (averaging 7 days). The Community Cottage, Hall Institute, remains the central facility of the Department of Mental Health to receive patients in need of longer-term care. The community focus of the staff at the

Cottage, the in-depth involvement of the Center's staff in the treatment of a patient while at the Cottage and the careful attention given by mutual staffs to aftercare planning offers an exemplary model of continuity of care.

4. *Aftercare Services* continues to be a strong service in spite of being under-staffed. As implied above, Aftercare Services are inextricably intertwined with the movement of patients from inpatient treatment to their return to the community. This past year is the first full year that the Center has had a full-time physician to give significant attention to the regulation of medication, both in the satellites and the central office. With large numbers of aftercare patients on medication, there is little question that this service has improved. In addition, the psychiatrists have been freed up to give more appropriate emphasis to psychiatric evaluations and consultation, again in all four offices. Transitional Living Services have been restructured, viewing these services primarily as an extension of services to patients in an aftercare status. While this program is less ambitious than originally designed, the service is seen as developing in a sound, realistic fashion.

5. *Consultation and Education Services* have been restructured into a comprehensive, integrated system with good coordination being given to this program. The conceptualization is clearer with better definition being given to the various components. In addition, a more consistent prioritization can be given to meet community needs; an ongoing tracking and evaluation of services has been built in. While the implementation of this new design was not instituted until the last half of the year, benefits have already been seen. For instance, a broad-based project has been developed with the Head Start Program, spanning the four counties, having within this program a prevention focus. An Employees' Assistance Program has been developed with both a local industry and Tuomey Hospital. An extensive lecture/discussion series entitled Humanities and Mental Health was sponsored by Morris College and the Center under a grant from the S. C. Commission for the Humanities.

The other services offered by the Center, specifically services for children, the elderly, substance abusers and screening services, continue to be major service components. The satellite offices located in Manning, Camden and Bishopville, have traditionally tailored their services to meet the needs of their respective communities. These offices maintain positive ties with and receive direction from the central office.

Managerially, the Center continues to evolve as demonstrated in a variety of ways. The directorship was shifted from a part-time psychiatrist/director to a full-time staff member. This shift has made for a more logical flow of authority. The Executive Committee, advising the

Director on major policy and program decisions, was restructured into a more functional group. The staff invested much energy into developing a comprehensive manual of policies and procedures. The Quality Assurance System was further developed, offering an opportunity to monitor the ongoing service delivery which assures the quality of these services. The Clinical Advisory System which offers clinical supervision was reassessed and as a result, given even greater sanction and responsibility. A Program Evaluator has been hired to give a more in-depth look at the appropriateness and effectiveness of services.

The growing, developing nature of this Center has been due to the continuing commitment of a dedicated, invested Board of Directors. These local citizens have given generously of their time in representing their various community interests to the Center and the Center's interests to their communities. The Citizen's Advisory Council which has recently been reinstituted will give an even greater opportunity for citizen input. Secondly, without a strong, close-knit professional and support staff, these accomplishments would not have been achieved. Staff morale has been particularly good in spite of constant demands being placed on them. Thirdly, a cadre of dependable volunteers have consistently assisted in establishing an atmosphere of warmth and acceptance for patients.

From looking back, the Center now looks forward to a year as involved and productive. Financial constraints on all levels are still of concern, particularly with this Center completing its eight-year staffing grant. The continued survival of the Center without any major decrease in services is the primary goal for 1979-80.

SOUTH GREENVILLE MENTAL HEALTH CENTER

The Board and Staff of the South Greenville Mental Health Center can reflect on a year of marked progress in serving the residents of the South Catchment Area. This Center has provided direct services to 2,540 clients. There was a 49% increase in the number of clients under care as of July 1, 1979 over those on July 1, 1978. Consultation and Education services, collaborating with schools, agencies and other community resources, had impact on increasing not only quantity but quality of services through case consultations, program planning and workshops for training care giving staff members in such agencies as the Department of Social Services and the County Detention Center. A new year round program of use of all media — TV, newspapers and radio — has served to inform the general population about services and to emphasize prevention thru regularly published "Mental Health Tips."

The Board and its committees have promoted the Center's programs, secured financing for its services, and shared with staff in designing and developing such new programs as the employee assistance project for industries. The Board's Building Committee worked successfully with a community citizen who built a new building especially designed for the Center's Greer Office. The Greer patients and staff will start the coming year in this facility with great appreciation.

During this year the Center reorganized two services, and completed implementation of a third service, and initiated two new activities.

Inpatient care: Through contracts with community psychiatrists and Marshall I. Pickens Hospital, inpatient care is provided locally for almost all voluntary-admission patients, and these patients continue in Center care for followup services.

Followup services: In addition to collaboration with all inpatient facilities in accord with Memoranda of Agreement, followup services have been restructured to provide individual assessment and treatment unique to the needs of each patient and the patient's family.

Partial Hospitalization: This service was developed into a five day program providing care to clients in acute stress in order to prevent inpatient care, and to clients with chronic conditions who need stabilization. During the last quarter 36 clients were in care. Four of them secured employment and one returned to a regular job. Only two entered hospital: one for a two-week therapeutic stay and the other back to State Hospital as an emergency.

Diagnostic and Treatment Planning Services for Persons Detained in the County Detention Center, a new activity: By contract assigned Center staff members are on call to provide these services when requested. During this year services were provided to 84 detained persons.

Employee Assistance in Industries: The new program of employee assistance, a referral service developed by collaboration among Staff, Board representatives and volunteers from the Mental Health Association, will help to identify problems earlier and to make services more easily accessible to area residents. It will also provide sponsorship and thereby increase community acceptance of mental health services in this new catchment area of small towns and rural communities.

As a comprehensive service with local inpatient care available by contract, this Center has been able to assure continuity of care thru a system of an assigned primary therapist who is also case manager thru all modalities of service. This system has helped to increase quality and efficiency of care.

SPARTANBURG AREA MENTAL HEALTH CENTER

The past year can probably be characterized as one of the most difficult years in the center's history. As fiscal '79 began, it was readily apparent that with the severe reduction in federal funds and a deficit in local funding, critical actions needed to be taken. While focusing on providing quality mental health services, the Board of Trustees and center staff initiated programmatic revisions and budgetary reductions. After thorough exploration of all alternatives it was determined that merit increases for employees would be suspended for one year. The evening and night shifts of Partial Hospitalization were eliminated; the food service discontinued and a reduction in force of 13 employees was effected.

A review of center programs indicates that while significant changes have been made, the services are being provided at optimum levels despite the constraints under which the center has been placed. A managerial reorganization has taken place in the out-patient, child, and geriatric services. The services are provided by specialists to these particular target groups but a wiser use of clinical staff time predicated the grouping of the three services under one coordinator. As a result, clinical efficiency has increased significantly thus ensuring that the funding dollar provides for direct patient care rather than duplication of administrative activities.

The service element most heavily affected by the reduction in force was Partial Hospitalization. The focus is now on the traditional concept of day care for clients needing more than weekly psychotherapy. The closing of the evening/night shifts of Partial Hospitalization resulted in changing the emergency coverage. The center currently utilizes clinical staff on a rotational basis for coverage after hours of service.

Revisions in the screening/intake process throughout the year have resulted in an efficient system for admitting patients to the center. With the initiation of a daily staffing conference all clients are contacted for an appointment within three working days of their initial screening interview.

Substance Abuse Services function extremely well and the center continues to receive a high level of support from law enforcement officials. Aftercare services have expanded in terms of the number of consumers served and the variety of activities provided. Of particular note is the fact that with the cooperation of the Probate Court, it is now possible to have Probate hearings for patients in the process of release from State Hospital facilities held at the center. The Quality Assurance Program is well developed and functional. The In-Service Training Program offers optimum opportunities for staff within budgetary limits.

The Volunteer Program continues to function well as does the C & E program.

The center has made significant progress in administrative responsibilities. The condition of medical records has markedly improved as a result of the superior supervision of this department. The management information system provides useful and viable data. The client advocate has been a most valuable asset to the administrative team. The billing and collection procedures have been refined and accurate financial data is now readily available.

The building itself continues to age and efforts are made to forestall major expenditures and repairs whenever possible. The need for a new facility becomes more apparent as the building grows older.

The satellite facilities have functioned extremely well although there had been staffing shortages in both Union and Cherokee. At fiscal year-end, these staffing shortages were resolved with the addition of a Psychologist I in each of these facilities.

The center's visibility to the service community continues to increase through utilization of effective linkages with other service providers relative to client needs.

As the center staff and Board review the past year, it is one which has been marked with a great deal of stress and anxiety. Staff morale has at times been low as many people were justifiably concerned about job security at the center. However, it has been gratifying to see the dedication and enthusiasm now generated by the staff as they have pulled together to meet the hard times head on. The center is proud of the "survival instinct" which by staff and Board persevered through the times of trial. The staff is committed to the provision of quality service to the citizens of our catchment area and has proven through continued hard work, increased productivity, and loyalty that it is indeed capable of living up to the adage: "When the going gets tough, the tough get going."

TRI-COUNTY MENTAL HEALTH CENTER

The Tri-County Mental Health Center's Administrative Board, Staff and community consumers have been extremely active in the promotion and development of comprehensive Mental Health Services for Chesterfield, Marlboro, and Dillon Counties. Fiscal Year 1978-79 has been characterized by frequent examination of existing programs, policies and procedures, and extensive planning for the incorporation of needed emergency services, inpatient services, transitional living, court screening and specialized diagnostic treatment services for children and the elderly. Existing programs were examined and future services were

planned to promote high levels of visibility, accessibility, and community involvement. A few of the year in review highlights are as follows:

I. In 1978-79 the Tri-County CMHC Initial Operations' Grant application was submitted to the Dept. of Health, Education and Welfare. Said grant application to develop comprehensive mental health services was subsequently approved and funded for July 1, 1979. Many community support groups like the local mental health associations, Pee Dee Health Systems Agency, Regional Council of Governments and county councils, were active in securing the approval of the aforementioned grant application. With the advent of funding, staff and facilities for the provision of comprehensive services are currently being sought. It is expected that all service areas will be operational during Fiscal Year 1979-80.

II. The Administrative Board and Staff have continued to refine policies and procedures related to:

A. Fiscal Management including the initial development of cost/profit center accounting by offices and utilization of the McBee System to measure consumer service utilization and subsequent generation of fees.

B. Development of Program Evaluation Methodology to be implemented during FY 1979-80.

C. Incorporation of Statewide Standardized Medical Records format into existing operations.

III. The Center continued to actively participate in the provision of Title XX services. Although Title XX has not been a revenue generating program, it has assisted the Center in meeting financial obligations by providing staff and supplies to address the treatment demands of area consumers.

A. Group socialization, therapy, and activity programs for boarding home residents, elderly clientele, and aftercare clients have been instrumental in assisting the aforementioned consumers in coping with social isolation, withdrawal, communications difficulties, and a host of other daily living activities that tend to be stressful for rural clients.

B. The Alternate Care/Day Care Program increased its scope to include additional consumers from Marlboro and Dillon Counties.

Consumers from the aforementioned program displayed their work and received much recognition at the Marlboro and Dillon County Arts & Crafts Festivals.

IV. Center Consultation & Education programs provided during 1978-79 were varied and involved many community groups in the delivery system.

A. The Chesterfield Mental Health Association, in conjunction with Center staff, planned a Crisis Intervention Seminar for general public.

B. Community groups in Chesterfield and Marlboro Counties worked toward the development of Children's group homes.

C. Task force on Mental Health and Drug & Alcohol Abuse with the Pee Dee Health Systems Agency, worked on coordination of referral and interphasing of service networks.

D. Mini-Grant Workshops on Marital Counseling and Advanced Family Therapy were a cooperative venture with the Waccamaw MHC.

E. Mental Health Association volunteers presented Life Skills Education Training to agencies and interested community groups.

F. A well attended Pastoral Training Seminar entitled "A Deeper Understanding of the Human Personality," was held May 7 and 8.

G. In-Service Training re: Time Management for Office Heads and Program Coordinators, was received from the South Carolina Department of Mental Health Staff Development.

H. Board Chairman and Director participated in two Regional Board Training sessions.

In addition, several public talks relating to Mental Health Services coping with stress and depression, symptomology of schizophrenia, etc., were presented for interested community groups.

V. Direct Service Provision:

The Tri-County Mental Health Center continued to witness an increase in consumer utilization of services during 1978-79. The Administrative Board and Staff began to look at utilization trends over the last four years and found that the number of unduplicated clients seeking treatment and the consumer utilization rates increased 32.6% and 165% respectively. The dedicated, hard working staff at the center responded to the aforementioned increases in consumer utilization services by developing group therapy and activity programs; initiating family therapy and a family records system and in increasing children's participation in Summer Day Camp programs which were sponsored by the Marlboro County and Chesterfield County Mental Health Associations.

In essence Fiscal Year 1978-79 has been a productive, busy year for the Tri-County MHC Administrative Board, Staff, and Clients. Moreover, these groups look forward to Fiscal Year 1979-80 as being a year of much needed growth and development in the provision of Comprehensive Mental Health Services for the residents of Chesterfield, Marlboro, and Dillon Counties.

THE WACCAMAW CENTER FOR MENTAL HEALTH

For most of fiscal year 78-79, The Waccamaw Center has remained in the position of having an approved but unfunded Initial Operations Grant. Feelings have run optimistic throughout the fiscal year that this

funding would eventually come through and, toward that end, a considerable amount of planning and implementation of programs and services and their related activities has been carried out. At the same time an increasing amount of direct services have been provided through the auspices of the Waccamaw Center and its program activities.

In relation to planning and implementation of programs to meet Community Mental Health Center requirements (expected funding of Operations Grant, August 1, 1979), the center has contained many activities initiated last fiscal year which are seen as vital organizational, administrative or program and service supports and underpinnings needed for quality community mental health care. Among these continuing activities many of which have been further defined and upgraded during fiscal year 78-79 are: systems assuring quality delivery of services; further development of problem oriented recordkeeping, maintenance of active peer review system and quality assurance methods, maintenance of systems for protecting patients' rights and a continuing and more formalized relationship with the medical community.

Additionally, much emphasis has been placed upon appropriate means of increasing fee collections center-wide. Administrative support personnel, in each office of the center, have received additional instruction from within the center and from appropriate outside sources designed to bring about a concerted and uniform effort aimed at collecting fees for services. Personnel in each office are designated with the responsibility for fee collection whether this involves direct pay, insurance and/or third party payors. During the latter part of fiscal year 78-79, the Center examined and accepted for implementation the McBee systems approach to the fee collection issue and at the close of fiscal year 77-78 was involved in implementing this system.

In the areas of Programs and Services the Center has moved ahead during fiscal year 78-79 with planning and implementation of activities in each of the areas of recognized Community Mental Health Center programs.

These include delivery of a full complement of outpatient services; diagnostic and evaluation services; medical-psychiatric evaluation; medication treatment; marriage, family and individual counseling; precare/aftercare services; group therapy; day care activities; a sheltered living program emergency services; et al.

In addition, alcohol and drug addiction activities have continued to increase both in terms of evaluation and counseling services and community consultation/education efforts. The Center has also continued to develop in the area of diagnostic and evaluation programs and services directed at the children and youth of the catchment area.

In addition to these above described areas of Programs and Services, the Center has, during fiscal year 78-79, explored and developed fuller contractual arrangements and written agreements with hospitals and physicians in the community to initiate a program of Court Screening services. Within this has been the provision of a twenty-four hour emergency coverage system, local hospital treatment of patients needing psychiatric hospitalization and the beginning of a partial hospitalization program in the form of day care. In addition, the Center has been involved in further exploring the development of local in-hospital psychiatric treatment for residents of the Center catchment area.

C. M. TUCKER JR. HUMAN RESOURCES CENTER

FACILITY REPORT

During Fiscal Year 1978-1979, Tucker Center was successful in continuing to provide the highest quality of long term care services for patients of the SCDMH. Upon request by Tucker Center the S. C. Department of Health and Environmental Control changed licensure from one-hundred skilled nursing beds and two hundred intermediate care beds to fifty skilled nursing beds and two-hundred-fifty intermediate care beds. This change was necessitated by PSRO changing the level of care on many skilled nursing patients.

The Professional Services components of Tucker Center continued to operate very successfully under the direction of a full-time Director of Professional Services. In keeping with the theme of providing the highest quality long term care and treatment possible, the Professional Services staff and services have been upgraded and improved. During the year the Center successfully obtained the services of a licensed Occupational Therapist and established a Music Therapy Program in order to provide a wider range of services to patients.

The Administrative Services section has continued to implement improvements during the year. The Housekeeping Department established a second shift, providing continuous coverage between the hours of 7:00 a.m. and 9:30 p.m., seven days per week.

All other Administrative Service areas have continued to enact changes and improvements in order to better serve Tucker Center needs. The Security Division, which was established late in the previous year, has proved to be of great benefit to the overall operation of the Center.

ADMINISTRATIVE SERVICES

Administrative Services components have continued to improve support of and cooperation with Professional Services thus providing improved services to Tucker Center patients. Administrative Services acted to insure that the facility operation remained in conformity with Department of Mental Health policies and procedures through budget preparation, expenditures and reimbursement review, and monitoring personnel actions throughout the year.

FOOD SERVICE

The Food Service Department has as its goal the provision of wholesome and attractive meals to patients and employees, and to maintain good nutritional status for patients on both regular diets and modified diets necessitated by disease status. To achieve this goal, the staff of the Food Service Department was expanded during the year with the addition of a Food Service Supervisor II and a Food Service Aide I. The Dietitian was reclassified as a Nutritionist II.

The Nutritionist has worked closely with other nutritionists of the Department of Mental Health in revising the diet manual. The Nutritionist also served as a member of the Nutritional Advisory Committee which was established during the year.

The Food Service Department received good reports during licensure and certification inspections by the S. C. Department of Health and Environmental Control. Recommendations received during these surveys have been implemented.

MAINTENANCE AND ENGINEERING

This department has continued to operate well during the year and successfully completed several projects. Building maintenance installed three new Century tubs and lifts, providing Nursing Service with more appropriate means of bathing non-ambulatory patients. All shower rooms in both the Fewell and Stone Pavilions were retiled during the year. Upon completion of painting the Fewell Pavilion, painting in the Stone Pavilion was begun. The painting project was accelerated with the addition of one full-time temporary employee.

Grounds Maintenance completed several projects during the year. Employee and visitor parking was improved with the addition of fifty new parking spaces. New walkways were formed and paved in the Fewell Pavilion courtyard. Shrubbery was planted in the Stone Pavilion courtyards in order to provide more pleasant surroundings for patients in that building.

REGISTRAR SERVICES

Patient activity in Registrar Services this year included 126 admissions, 52 discharges, and 33 deaths. Total days of service to patients were 98,635 with 270.2 average daily census and 90% occupancy.

During this fiscal year many changes have taken place. The Registrar, along with other DMH Registrars, met numerous times with Technical Support System to converge ICDA-8 diagnostic coding to the new ICD-9 Clinical Modification coding on all charts. Diagnoses were corrected, updated, recorded on patient I.D. sheets and computerized. Many workshops were attended by staff members with S. C. Medical Care Foundation (PSRO) reference the facility changing from delegated to non-delegated status. These meetings focused on documentation of care, admission and ongoing auditing for levels of care, and billing procedures for patients receiving federal funds. Policies on arrangement and knowledge of chart contents were revised and included in inservice training. Regulations were updated in all procedures to meet Titles XVIII and XIX and Veterans Administration requirements.

All death and discharge records dating 1970 through 1975 were prepared and delivered for microfilming.

SUPPLY AND SERVICES

During Fiscal Year 1978-1979 the Supply and Services Department continued to provide the support necessary to operate Tucker Center in an excellent manner. Continued improvement of support services has been this department's theme and goal throughout the year. The supply section has effected needed changes to provide the supplies necessary for the care and treatment of Tucker Center patients.

Housekeeping Services were improved and extended with the addition of an evening shift which began in January. The evening shift has been well accepted by the staff and has greatly improved this aspect of patient care and treatment.

The laundry operation was improved and production increased with the installation late in the year of a new Milnor washer. This installation helps to insure adequate supplies of clean linen and clothing for patients. Fitted bottom sheets were placed into service during the year and were well accepted by patients and staff.

The Supply and Services Department provided two students from the Commission for the Blind with their first work experience. The students have helped by filling in for employees away on leave.

The continuing goal of this department is to improve services in an effort to make Tucker Center a better place to live and work.

PUBLIC SAFETY

The Public Safety Department completed its first full year in operation. This department has been well accepted by staff and patients.

During the ice and snow storm the Public Safety force did an excellent job in supplying transportation to and from work for Nursing, House-keeping, Food Service and Administrative personnel in order to provide the needed care for Center patients.

During the year the Chief of Public Safety attended a two week Detectives and Investigation class at the Criminal Justice Academy. One Public Safety Officer attended a three day Communication class and two Public Safety Officers attended the required basic course at the Criminal Justice Academy.

PROFESSIONAL SERVICES

Fiscal Year 1978-1979 is the third year Tucker Center has functioned with the services of a full-time Director of Professional Services. The Director of Professional Services directs a health care plan and treatment program with high standards for the very best in patient care. Medical Services is staffed by three full-time physicians and a board certified Psychiatrist-Consultant in addition to other consulting specialists available from other facilities of the Department of Mental Health. On-campus Professional Services components include Nursing Service, Physical Therapy, Occupational Therapy, Activities Therapy, Social Services, Chaplaincy, Volunteer Services, Speech and Hearing and Music Therapy.

A PSRO Coordinator, later titled Quality Assurance Coordinator, was employed at Tucker Center in October, 1977. The Quality Assurance Coordinator carries out the medical audit program within the facility and participates in the screening of new admissions. The result has been improved quality of care provided for the patients at Tucker Center.

A major addition in Professional Services occurred late in the fiscal year with the hiring of a Music Therapist. This program, although new, has progressed nicely and will surely prove of great benefit to our patients. The Occupational Therapy Department recently employed a new supervisor and the programs are progressing well.

NURSING SERVICE

During the Fiscal Year 1978-1979 all nursing personnel were involved in upgrading the quality of care given to patients. This was done by revising the method of assessing individual patient needs. Guidelines

for the Quality Assurance Program was developed and implemented. A Patient Care Audit Committee was established to measure the quality of patient care as it is reflected by the patient record.

Nursing personnel have been actively involved in planning patient care and treatment. In addition to attending Tucker Center Nursing Educational Programs, staff members have been active participants in Departmental and off campus workshops.

Clinical experience for sixty-six nursing students was provided for the University of South Carolina College of Nursing and Richland School District I Practical Nursing Program.

ACTIVITY THERAPY

All Activity programs and schedules continued as expected during the year. Large group activities were well attended by patients. Small groups and scheduled one-to-one activities experienced problems due to lack of staff. One staff member was lost to Occupational Therapy through transfer. At present no replacement has been found.

Affiliation with Benedict College and its Recreation Therapy program has greatly increased. During the past year five student interns completed their program at Tucker Center.

Charting on ward folders every thirty days for each patient was maintained during the past year.

The annual garden proved to be highly successful during the past year due to planting more and increased participation by patients.

Plans are to expand the number of community trips, such as Carowinds, Charlestowne Landing and other special attractions offered by the State, during the coming fiscal year. In this way, patients will be further acclimated to their home communities and will be more content to accept Tucker Center as their home.

OCCUPATIONAL THERAPY

The Occupational Therapy department began functioning on April 27, 1979, after eighteen months of inactivity due to the lack of a departmental supervisor.

Several groups have been formed in the department. Groups for the Fewell Pavilion patients include a Socialization group involving fifteen patients, a Current Events group involving six patients, a Painting group involving four patients, an Arts and Crafts group involving six to eight patients, a Speciality group involving five patients and a Grooming group involving four patients.

Groups for the Stone Pavilion patients include a Sensory Stimulation group involving five patients and a Reality Orientation group involving

four patients. At present, plans are being made for a cooking group for stroke patients.

Occupational Therapy Department sponsored two picnics involving approximately twenty patients from Fewell Pavilion. Working cooperatively with Activity Therapy the Occupational Therapy Department co-sponsored a picnic to the Orangeburg Rose Garden involving approximately twenty patients.

Eleven individual patients have been formally evaluated and two have been discharged with the others being placed on the therapy roll. Individual therapy primarily deals with feeding and dressing problems due to multiple sclerosis, epilepsy and cardiovascular accidents.

PASTORAL CARE

Pastoral Care Service has continued to operate well during this year. The service was staffed with a full-time Clinical Chaplain, a part-time Catholic priest and a Recreational Therapy Aide I who was employed for nine months. Pastoral Care recorded a record number of 2,082 ward visits and counseling sessions.

Pastoral Care made a thorough survey of all patients to determine their religious material needs. As a result of this survey approximately fifty additional patients were provided with desired printed religious material.

Beginning March 1, 1979, the Chaplain began seeing all new patients twice upon admission which has strengthened the Chaplain-patient relationship. As recommended by S. C. Department of Health and Environmental Control the Chaplain is now performing quarterly patient reviews.

The Chaplain worked on several other projects during the year, all designed to enhance the lives of Center patients. These projects included formulating a consent form for the purpose of sharing professional information with community clergy, formulating a method of securing the names and addresses of all patients' pastors and churches including telephone numbers and zip codes and assembling a special devotional booklet for Center patients.

PHYSICAL THERAPY

According to this year's statistics, more Physical Therapy treatments have been given than in any other fiscal year. A total of 3,720 treatments were given. This, in comparison, is higher than in Fiscal Year 1977-1978 when 3,593 treatments were given, or Fiscal Year 1976-1977 when 3,126 treatments were given. The number of referrals (70) and discharges (62) were comparable to last year. Eighty-one patients at Tucker Center

received Physical Therapy with four individuals returning for a second course of treatment. In addition, seven patients were evaluated in Physical Therapy and about twenty patients were measured for Jobst stockings. These support hose have been almost 100% successful in decreasing or eliminating edema of the lower extremities.

During the year all members of the Physical Therapy staff attended at least two continuing education programs. Attendance at these programs have helped keep staff up-to-date on the latest physical therapy techniques used in care and treatment.

The Physical Therapy Department continued to participate in the continuing education program for Nursing Personnel. A program on Range of Motion and Body Mechanics was presented to Licensed and Registered Nurses in late March. In early April this program was expanded to cover techniques of transfer and positioning methods and presented to new Mental Health Specialists.

MUSIC THERAPY

The Music Therapy Department was established at Tucker Center in late May, 1979. Since beginning there have been four Sing-a-longs and three Chapel Choir rehearsals at each pavilion. Several patients have been referred for participation in these activities by the Treatment Team.

An autoharp and cassette tape recorder were purchased for use in music activities. Progress note forms have been ordered from the Print Shop for use by the department.

It is anticipated that this department will progress during the coming year making Tucker Center more enjoyable for patients to live and help improve the over-all care and treatment program.

SOCIAL SERVICES

During the year routine casework services were provided to patients and their families. Documentation of records, correspondence, and written reports were kept up-to-date.

Social workers continued professional growth through participation in inservice training programs, workshops and seminars sponsored by the SCDMH and other agencies. This has resulted in our Social Workers being more current and aware of trends within the profession.

Contacts with community agencies were maintained and referrals to pertinent agencies greatly assisted in making discharge plans for patients smooth and successful.

VOLUNTEER SERVICES

This fiscal year volunteers worked in Recreation Therapy with arts and crafts, sing-a-longs, and socialization groups and in Chaplaincy helping set up for Sunday morning services, assisting patients to services, and playing the piano for services. Volunteers visited patients on a one-to-one basis, and conducted small group visitation, and large group activities. At present nine volunteers come at least once a week, one comes every other week, five groups come once a month, two groups come quarterly, and approximately six groups come twice a year. Individual volunteers gave a total of 1,122 volunteer hours and groups gave a total of 1,424 hours. There were 50 special activities during this past fiscal year.

There were 100 individuals, groups, or businesses making donations this year. Some of the items donated were: ice cream, cupcakes, cakes, coffee urns, books, pens, stationery, candy, magazines, shoes, gum, fruit, clothing, over one thousand Christmas gifts, and four hundred and twenty-three dollars. This did not include the daily donations of doughnuts.

In addition to doing regular routine volunteer work of contacting businesses and individuals to work or make donations, writing letters of appreciation, record keeping and orienting new volunteers, the Director of Volunteer Services was present at all parties and group activities, spent some time with all individual volunteers when they were present, held monthly birthday parties and picked up all donations. Charting on all patients who are seen by volunteers on a one-to-one basis is now being accomplished.

The Director of Volunteer Services participated in various meetings and workshops during the year including the Volunteer of the Midlands luncheon sponsored by the Voluntary Action Center, a Quality Assurance Workshop and a meeting with other Volunteer Coordinators to discuss forms to be used by the service.

SPEECH AND HEARING SERVICES

The Speech and Hearing Therapy Service completed its first full year of operation. This program has greatly supplemented the care and treatment services provided Center patients.

Twenty-six patients were evaluated during the year for speech and/or language disorders. Therapy was recommended for twenty-one of these patients, and seventeen are presently enrolled in speech therapy. Disorders that have presented themselves are: receptive and expressive

aphasia, delayed language related to mental retardation, vocal misuse, and articulation errors.

An inservice training program was conducted for the nursing staff on speech and language problems. Primary concentration focused on problems especially prevalent in the geriatric population.

MORRIS VILLAGE

OFFICE OF THE DIRECTOR

During the period of this report, under the continued leadership of the Acting Director, the Village continued to provide quality treatment services for substance abusers from throughout the state. Admissions continue at approximately the same rate, with referrals coming from a wide range of services. The majority of referrals continue to come from local Commissions on Alcohol and Drug Abuse and local Community Mental Health Centers.

The professional staff at the village has continued efforts already begun to review present programs with the intent of improving treatment services. Time utilization studies are already underway, and two Task Forces have been appointed whose responsibility is to organize and implement comprehensive program review procedures in the immediate future.

It is to the credit of the professional and support staff at the village that quality treatment services have continued without disruption during the absence of a permanent director during this report period.

PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

Program Development:

This year has not only been a year of continued staff professional growth and a year of increased resident services, but also a year of review and program evaluation. The Office of Program Development and Training Management has been active in all areas of this growth and review process.

The Director of Program Development and Training Management has served this year as Acting Director of the Center. While vigorously carrying out the functions of Center Director, the Director of Program Development has maintained leadership in this office and instituted several programs aimed at providing an indepth review of the total Center operation. A Time Utilization Study has been conducted to increase accountability for staff time utilization and to provide the basis

for a future ongoing system. Two Ad Hoc committees have been formed and charged with conducting program and treatment reviews. Specific issues dealing with treatment team processes, the Group Therapy program, selection of group therapy leaders, the Special Emphasis program and medical records were established as focal points for the review and evaluation process. These studies will carry over into the next report period.

The delivery of treatment to residents at Morris Village is presently accomplished through a program consisting of four parts (Phase I, Phase II, Phase III, Young Adult Program). Phase I is the admissions phase and is primarily concerned with medical processing, orientation to the Village and screening by the Triage team. From Phase I residents may be referred to either one of the other three programs. If the resident is 19 years old or younger, he will be referred to the Young Adult Program. If the resident is in need of further intensive care, he is referred to Phase II which lasts, normally, for two weeks. Here he will receive didactic classes, daily group therapy and constant contact with staff. One purpose of Phase II is to assist the resident in treatment goal definition. At the end of Phase II the resident is either discharged or referred to Phase III. Because of the unique characteristics of Phase II and the Young Adult Program, each has a treatment team that is concerned primarily with that program. Phase III is the treatment phase through which treatment services are provided to the majority of the residents. Residents may be referred to Phase III directly from Phase I or after Phase II. On entering Phase III, a resident will be assigned to one of the three Phase III Treatment Teams. Here he will again be staffed for treatment planning which includes setting treatment goals and also the length of treatment. The length of treatment in Phase III normally runs from four to eight weeks.

The Special Emphasis Program is a rotating program of special offerings to the Phase III residents. Staff from all disciplines are invited to offer activities for which they have particular interests and abilities. Some of the offerings have been: Solving Emotional Problems, an RET group; That Whole Family Mess, a family dynamics group; Personal and Social Skills training; Archery; The Women's Education Series, a women's group; Leisure Counseling; Assertiveness Training, and Relaxation Training. In conjunction with the Special Emphasis Program, a lecture series has been initiated to provide residents with a didactic series focusing on the effects of addictions and related areas. A Film Series using films whose subjects relate to addictions has also been initiated.

Program Development and Training Management staff have been involved with the ongoing records review and revision. This is part of the continuing work toward increasing the usefulness of the medical records and toward preparing for an accreditation survey.

This office has continuing responsibility for Primary Prevention Program at Morris Village. The Primary Prevention key person for Morris Village is from this office and chairs the Morris Village program.

Training Management:

Morris Village staff have continued to be actively involved in a variety of training experiences, both as participants and as leaders.

The training experiences provided at Morris Village include: Family Therapy, Biofeedback and Relaxation, Medical Records Training, Prevention and Management of Aggressive Behavior, a corrections seminar with tours of CCI, an ongoing Group Leaders' Seminar.

The training function also includes periodic New Staff Orientation classes which serve to facilitate new staff integration into the Village, to provide a vehicle for new staff feedback and concerns as well as providing necessary information about the operations at Morris Village.

In addition, staff have participated in a wide variety of training experiences through the SCDMH staff development program, the SC School of Alcohol and Drug Studies and other private sector organizations.

This office maintains comprehensive records of training attended by Morris Village staff. This has proven beneficial to staff for personal use, for in-house credentialing, and for meeting credentialing standards set by professional organizations.

MEDIA CENTER

In the past year the Morris Village Media Center has been active in its role of providing media production and consultation in the areas of therapy, training and education. Its primary objective is to support Morris Village, but has also provided services to other SCDMH facilities and state agencies. Staff for production and technical support related to these services include a media director, an audio visual/graphics specialist, a media production specialist and an electronics technician.

During the past year the media center has increased its emphasis in support of resident education. Various media such as slide shows, still photography, handbooks and video tapes have been produced in this effort. The highlight of this increased emphasis has been the new utilization of the existing closed circuit television system within the village.

The Media Center has been involved in the training of staff and other professionals throughout the state relative to treatment of chemical addiction. The center has the capability to produce slide/tape shows, color and black/white video, original audio recordings, black/white photography, brochures and graphic displays. A main area of emphasis

this past year has been the video taping of group therapy sessions for both therapy and group leader supervision.

The video tape library has been revised and offered to staff and other professionals in the field of chemical abuse and health related areas. A traveling display on Morris Village has been produced and has been utilized by the staff in presentations throughout the state. The Media Center staff has also produced a new Village brochure and resident handbook. Plans for the upcoming year include the incorporation of these into a comprehensive information package on Morris Village.

LIBRARY AND VOLUNTEER SERVICES

Library

The Morris Village library is staffed by a full-time librarian/volunteer services coordinator. Since last year the library has expanded its general reading collection and shelf-space. Current newspapers and magazines, and therapeutic videotapes, as well as books, are available. The library encourages both residents and staff to use books and periodicals. Therapists and the librarian suggest materials that tie-in with the residents' treatment. For a joint effort the library and the media center have begun a bibliotherapy program.

The Morris Village library participates in the SCDMH inter-library loan program whereby books and journals can be borrowed from State Hospital, Hall Institute, Crafts-Farrow and Bryan Hospital libraries. Inter-library loans are also available from the South Carolina State Library, and through it, Cooper Library at USC; the School of Medicine Library and other Columbia area medical libraries; and Richland County Library. Through the new Substance Abuse Librarian's Group Morris Village has access to other collections on alcohol and drug abuse throughout the country.

To further enhance library availability there are reading centers in each of the cottages and in the women's (staff) lounge. Volunteers donate many of our books and keep the library open many evenings and weekends.

The library acts as a resource to staff by the use of the inter-library services mentioned above and by periodic review and update of subscriptions to professional journals received through the library and available to all staff.

Volunteer Services

Volunteer Services is one of the community liaisons of Morris Village. The Volunteer Services Coordinator is responsible for requesting and accepting donations of materials and services from the community and

channeling them to the department in which they can be most useful. She recruits volunteers requested by Morris Village staff and orients them to the facility. She is also responsible for their recognition.

In cooperation with the Office of Public Affairs the Volunteer Services Coordinator arranges for tours of the facility and speakers to interested groups in the community. She also provides information on alcohol and drug abuse and Morris Village to those who request it.

ADMINISTRATION

The third full year of operation was filled with a continuation of discovery and correction of deficiencies in the original constructions. Major items such as completely reroofing the entire facility were determined by competent consultants. The long-term litigation has not yet reached the trial stage and operating funds have been used to correct these deficiencies with the hope that the state can recoup these funds through court action.

Budget and staffing were adequate to perform the assigned mission of the Center.

A solar heating system was installed as an adjunct source for the greenhouse. Several hundred gallons of heating oil was saved by the use of this system.

REGISTRAR

The number of admissions and discharges for Morris Village during this year continued at a steady flow. We admitted 1343 persons and discharged 1355 persons. There have been very few problems encountered by the admission personnel during this year as they continue their duties in this essential area.

The medical records office personnel have been busy abstracting records for microfilming. The records of discharged patients who have not been readmitted from 1971 through 1975 are now on microfilm. This additional file space has filled up quickly with the more current discharged patient records. In the line of office equipment, we were able to purchase two electronic typewriters for the typing area which have increased the productivity and accuracy of records reports.

The operation of the post office ran somewhat smoother this year due to the construction of wall cabinets and counter space designed specifically for postal work.

The Medical Records Committee has been instrumental in supporting the requirement of keeping records up-to-date and current.

PERSONNEL SERVICE AND EMPLOYEE RECORDS

For the fiscal year 1978-79 twenty five-year emblems and one ten-year emblem were awarded to employees of Morris Village.

A total of \$1,816 was contributed by the staff to the various charitable organizations (United Fund, American Heart Association and Good Health Appeal).

During the fiscal year 63 persons were employed, 63 separated, 5 transferred to other facilities, and 4 transferred from other facilities to Morris Village. Other personnel actions included 10 promotions and 18 reclassifications. Morris Village celebrated its first employee retirement this year.

FOOD SERVICE

Food Service, with 14 employees, operates 3 resident dining rooms, a staff dining room, and the canteen. The resident dining rooms serve three meals a day using the 3M modules to heat the food. The staff dining room serves only the lunch meal. Salad, dessert and bread items are purchased through the Department of Mental Health.

The canteen is steadily increasing in sales. Three vending machines, placed for easy access, have been added. The canteen has acquired new hot dog, chili, and barbecue machines.

SUPPLY AND SERVICES

Supply and Services has had a very successful year with transportation, winding up the year with equipment in very excellent condition.

Maintenance continues its struggle to repair and replace faulty equipment inherited when the contractors of Morris Village went bankrupt. The engineering department has approved the entire reroofing of Morris Village. This should put an end to a continuing effort to stop the leaks in our plant.

The resident work program continues to be a success, keeping the cottages clean and, at the same time, motivating and encouraging the residents to a fresh start.

Supplies are ample and well kept with the fine cooperation of purchasing and the warehouse. Most of the needs of the village are anticipated and are on hand when needed. Typewriters and dictating machines have been brought up to date and are in excellent shape.

The grounds have been improved with many flowering beds to beautify the facility. The roses and other flowers are beautiful and give much pleasure to both residents and staff.

SECURITY

Morris Village Security remains committed to providing a peaceful and relatively drug free environment where effective therapy can take place. An active program designed to prevent and detect chemical use is pursued while endeavoring to reduce the disruption to the community. Passive measures such as video surveillance and participation in normal community activities by Security staff have proven most effective. Use of chemical screening tests of residents' breath and/or urine has been increased by almost 50% resulting in a 25% increase in the detection of substance use while at the center.

Training of officers remains a priority item with sixteen separate training opportunities taken by Officers.

Means are constantly explored whereby Security can compliment the treatment process at Morris Village.

PHASE II PROGRAM

The Phase II Program has continued to provide a screening process following admission for all residents over nineteen years of age. During this year approximately 480 of the almost 1,150 residents screened received the services of this intermediate program which has allowed for further orientation and education regarding addictions. Education is provided through ten didactic sessions which cover subjects such as interpersonal communication, family dynamics, physical and psychological problems associated with chemical abuse, recreational alternatives, relaxation techniques, grief and guilt, and emotional aspects of addiction and recovery. Additionally, this period of more intensive evaluation of residents enables the professional staff at Morris Village to make appropriate referrals when other treatment programs seem indicated.

For those residents continuing into Phase III of treatment at Morris Village, the experience in Phase II provides an opportunity for residents to identify specific goals to be addressed.

The Phase II Program has a maximum population of twenty-four which includes residents of both sexes. Basic program components such as didactic sessions, group therapy, and activities therapy are complemented by a full array of services provided by all departments at the Village. Additionally, staff members are on duty twenty-four hours daily in the two Phase II cottages.

YOUNG ADULT PROGRAM

The Young Adult Program remains a significant part of the total Morris Village program, providing treatment for up to twenty-four (24) residents between the ages of fourteen and nineteen.

While the program continues to provide a broad range of services from within its staff, a closer relationship and sharing of staff between the Young Adult Program and the rest of the Village has emerged.

Through an arrangement with the Columbia Outdoor Adventure Project, regular camping trips have become a part of the traditional treatment services offered to residents. Of special note is the expansion of the school program, which is under the auspices of Richland County School District One. More than twenty (20) residents completed their high school equivalency (GED) requirements while in treatment at Morris Village during the last year.

One of the program strengths continues to be intensity of staff coverage. There are at least two members of the clinical staff on duty in the Young Adult cottages seven days a week, from eight o'clock in the morning until eleven o'clock at night.

A comprehensive program review undertaken during the year has yielded a number of program changes, including a three week intensive evaluation period preceding the full three month treatment program.

Future plans call for the unit to continue to enlarge the scope of its cooperative relationship within Morris Village and in the network of youth-oriented programs throughout South Carolina.

ACTIVITY THERAPY

During the past year Activity Therapy continued to provide two of the three referrals attended by all Morris Village Phase III residents. These are Recreational Therapy and Arts and Crafts Shop. Three Recreational Therapy groups averaging 22 residents each meet daily. Also, there are three shop periods each day serving an average of 32 residents per period.

In addition to the above blanket referrals the Activity Therapy Department offered referral groups in Leisure Counseling, Functional Exercise and Music Therapy. These referrals are made by treatment team at the time of staffing and the numbers vary. However, during an average week approximately twelve residents would be involved in Functional Exercise, eight in Leisure Counseling group and up to twenty in the various Music Therapy Groups.

The Activity Therapy staff is responsible for offering diversionary activities during the evening and on week-ends. To this end our staff coverage extends to 9:30 each evening except Sunday. During this period residents are encouraged to take responsibility for planning for themselves with the Activity Therapy staff serving as resource personnel.

It is also during this period that many of the special emphasis and skill development groups occur. This past year these groups have included

participation in a Columbia City Softball League, archery, fishing, and such community orientation trips as Dinner Out, cultural events, and museum trips.

Activity Therapy for the Young Adult Program has been geared to meet the needs of this special group. Body awareness, self-reliance, and personal confidence have been encouraged via such activities as Men's and Women's groups, swimming instruction and off-campus camping experiences in addition to the regularly operating Recreational Therapy groups.

The group therapy program of Morris Village was supported by Activity Therapy providing approximately 20% of the primary and co-leaders used during the year in Phase III of the treatment program. To the enhancement of this program and others of Activity Therapy, staff participation in Department of Mental Health and other training opportunities was encouraged.

Not only did Activity Therapy staff participate in training, but also a number of workshops on Leisure Counseling, Recreational Therapy and Reality Therapy were offered by members of the Activity Therapy staff.

Finally, the internship training program continues. Three students, two from Clemson and one from UNC-Greensboro, are on campus this summer for the twelve week program. Ours continues to be the only Recreation Therapy Internship available in the area of substance abuse in the Southeast.

VOCATIONAL REHABILITATION

During the past year 389 persons addicted to the use of alcohol or drugs were referred to the Vocational Rehabilitation Department at Morris Village. Of this number 289 have been accepted as clients and given services of counseling and guidance, vocational evaluation, personal adjustment training, training for various vocations, placement in employment and financial assistance to assist in job stability. The facility has been instrumental in returning clients to former jobs, has assisted in new job contracts, and also assisted those who felt themselves capable of advancement through training. Each year the services rendered the residents of the Village have increased. Both the number of individuals served and the quality of services have been improved through incorporation of new and innovative ideas and equipment. During the past year Morris Village has been utilized as a training facility for practicum and intern students. This year 1 student from the University of South Carolina has completed requirements for the Master's Degree in Voca-

tional Rehabilitation areas. The overall Vocational Rehabilitation program continues to grow and expand with new enthusiasm each year.

SOCIAL WORK SERVICE

The Social Work Service Department consists of 21 staff — six MSWs, eight SWs, two Addiction Specialists and five Therapeutic Assistants. Throughout the year this staff has been involved in ongoing and in-service training for personal and professional growth, viewed as essential to continued effective service delivery. As such, this has been a productive and exciting year for the department.

There has been an appreciable increase in individual contacts and in group therapy sessions with residents and families as reflected statistically at the conclusion of this report. Not reflected here but of particular note, has been the extent of staff participation in primary prevention programs within the community.

Major achievements have been in the area of program changes, as we have continued to provide primary leadership and focus for two special emphasis programs — That Whole Family Mess and the Women's Educational Series. The introduction of Families Anonymous has been a significant addition to the family group therapy program. All have been well received by residents and staff.

Six women social service staff participated in a Morris Village multidisciplinary staff presentation of the "Women's Educational Series — A Supportive Approach to the Treatment of Women Chemical Abusers" at the S. C. Alcohol School held in Charleston, S. C. in June, 1979. This followed our increased awareness of women's issues in treatment and problems of sex role stereotypes in therapy as presented to us by Dr. Eloise Snyder, Professor, Pennsylvania State University, and arranged by the Director, SWS.

Another highlight this year was our program held in observance of March as Social Work Month. Presented to social workers from Richland County, it was designed to give an overview of Morris Village and the contributions of the SWS Department in the delivery of treatment services. Eighty social workers representing 18 community agencies participated in this program, planned and implemented by the department.

And finally, we continued our teaching relationship with the University of South Carolina, College of Social Work, offering practicum experiences for first and second year graduate students working toward the Master of Social Work degree.

Summary Statistical Report July 1978-June 1979

Individual Contacts (Residents, Families, Collaterals)	14,118
Group Therapy Sessions with Residents	2,586
Group Therapy Sessions with Families	485
Family Members Participating in Group Therapy	2,010

AFTERCARE SERVICES

During the fiscal year 1978-1979 the Aftercare Department at Morris Village continued the development and improvement of its five major areas of responsibility. These areas of responsibility are:

1. Follow-up
2. Outreach
3. Narcotics Anonymous and Alcoholics Anonymous
4. Aftercare planning and referral
5. The Community Residence Program

The Aftercare Follow-up staff continued its efforts at working with both ex-residents and staff of community based alcohol and drug programs. Extensive use was made of the "Road Show" which is a slide show explaining the purposes and operations of Morris Village. The Follow-up staff made contact with each alcohol and drug agency in every county at least once per month to assure aftercare treatment with Morris Village ex-residents. In doing this over 550 contacts were made with community based agencies. Follow-up contacts were attempted with each Morris Village ex-resident every one, six, and twelve months after discharge and almost 3000 contacts were made.

We offered staff support to both Narcotics Anonymous and Alcoholics Anonymous and each of them continued their positive functioning level at Morris Village. There were 241 Alcoholics Anonymous meetings with 3232 Morris Village residents and 1003 former residents in attendance. Over 700 individuals both residents and ex-residents participated in the once a week Narcotics Anonymous program. There was also an aftercare couples group which had 266 ex-residents involved.

In addition to their other duties the Aftercare Follow-up staff is responsible for doing Aftercare planning and referral with each Morris Village resident. Over 800 referrals to community based programs were made in accomplishing this task.

The Community Residence Program increased in stability providing housing for 112 Morris Village ex-residents who stayed an average of three months. We also initiated our own meal program within the

residences which has added to the stability and helped to further create a "home-like" supportive atmosphere.

Our relationship with the University of South Carolina College of Education continued as we offered placements to both practicum students and interns.

PSYCHOLOGY

The Psychology Department has continued to place emphasis on expanding and expediting the psychological evaluation process. The referral and consultation procedures implemented during the previous year have proved quite effective; our repertoire of assessment instruments has been broadened. Continued emphasis has been placed on providing staff with necessary information regarding the evaluation results as soon as possible, typically within one to two days of receipt of the referral questions. The process of providing direct feedback to the residents evaluated has proved quite beneficial and has been very well received. The department has continued to provide a standardized test battery for residents involved in the school program. In addition, the department provides a brief screening evaluation process for all admissions to the Young Adult Program. Clinical interviews are also conducted with all such admissions, both to provide information relevant to the residents' staffings and in order to determine whether more extensive evaluation is in order. And finally, the department has had the flexibility and expertise necessary to provide emergency psychological consultations when needed.

Involvement in interdisciplinary treatment team approaches has continued to expand. The Psychology Department has contributed one quarter of the therapists necessary to cover our Center's Group Therapy Program. In addition, the department provides a significant proportion of individual therapists. The Psychology staff has been particularly interested in several specialized therapies this year and has been quite active in the Women's Educational Series and the Family Therapy Series. The newest endeavor has been the development of an Assertiveness Training Group. Psychology staff has continued to serve on and, in some instances chair, several Center and Department committees, such as the Young Adult Program Advisory Committee, the Morris Village Research and Human Rights Committee, and the Departmental Grants Review Board. There has been sufficient Psychology staff to provide direct coverage for all treatment teams. In addition, we have been able to expand our direct participation in both the Phase II and Young Adult Programs.

Personnel within the Psychology Department remained relatively stable over the past year, allowing for even greater refinement of staff expertise pertinent to our particular resident population. We have continued our participation in extra-departmental training and workshops and have also expanded our own inservice and continuing education programs. Several of our staff served as faculty for the SC Alcohol and Drug Studies School. We have formalized our intra-departmental clinical supervisory system, as well as our series of colloquia. Provision of supervision to other staff has also been expanded. Many of our staff have continued their personal graduate education; two individuals have completed all requirements for their doctorate degrees and a third has been accepted into a doctoral program beginning in the fall.

COURT LIAISON SERVICES

The Court Liaison Unit has continued to provide paraprofessional legal services to residents at Morris Village with criminal, civil or domestic problems. The total number of residents referred to the unit continues to grow from year to year with a 1978-1979 total being 612 as compared to 541 in 1977-1978. This increase in court related referrals tends to reflect the cooperative effort existing between the criminal justice agencies in South Carolina and Morris Village.

Over the past year, Court Liaison personnel have involved themselves in an outreach orientation program with various agencies of the criminal justice system. The purpose of this innovative program is to provide factual information about the treatment at Morris Village and how the Court Liaison unit can assist criminal justice agencies in evaluating the treatment progress of alcohol and chemical offenders.

The Court Liaison unit has also collaborated with the center's Research Department in proposing a research study to determine what effect treatment at Morris Village has on the criminal behavior of Court Liaison clients.

Court Liaison has continued their active role in developing seminars and workshops for Morris Village employees. Tours of the S. C. Department of Corrections Reception and Evaluation Center and Central Correctional Institute received high acclaim by Morris Village staff members.

Court Liaison staff furthered their training by participating in the S. C. School of Alcohol and Drug Studies, Criminal Justice Interface Training Workshop, Youth Workers Conference, National Criminal Justice Workshop and the South Carolina Probation and Parole Agents Annual Meeting.

As previously mentioned, the unit has accepted 612 clients during the 1978-1979 fiscal year with the leading community referral source being

the County Commission on Alcohol and Drug Abuse — 227; Mental Health Centers — 136; Probation and Parole — 37; S. C. Department of Corrections — 28; Treatment Alternatives to Street Crime — 23; and State Courts — 20.

In addition, Court Liaison personnel have attended 25 parole hearings and testified in 26 court appearances.

Fiscal Year June 1978-June 1979

Clients Accepted	612
Leading Referrals:	
Probation/Parole	37
TASC	23
County Commissions	227
Department of Corrections	28
Mental Health Centers	136
Judges	10
Family Courts	10
Sumter Court Program	15
Public Defenders	18
Court Appearances	26
Parole Hearings	25

ADULT AND ADOLESCENT EDUCATION

The Adult Education Program at Morris Village is coordinated with Richland County School District 1 Adult Education Department.

Diagnostic tests are administered which enable the instructor to design a program to meet the specific educational deficiencies of each resident. Residents may improve basic educational skills or prepare for the High School Equivalency Examination.

The Adolescent School Program at Morris Village is coordinated with the Special Services Department of Richland County School District One.

During the past fiscal year, the teaching staff was expanded to two teachers and two aides.

The curriculum is designed individually for each resident. It is usually a continuation of the resident's home high school program, a basic remedial program, or a program to prepare the resident to take the high school equivalency exam. During the past fiscal year twenty residents finished high school while at Morris Village by passing the GED exam.

NURSING SERVICE

Nursing Service personnel at Morris Village are involved in total resident care which includes New Resident Orientation, Group Therapy and Treatment Team coverage. Our role in the total treatment program continues to expand with nursing personnel involved in the patient services such as the Women's Educational Series and organizing a "Career Day" for residents as two examples. In addition, some of our staff are involved in volunteer community services such as teaching CPR courses and working with the blood bank. The present Director of Nursing Service was Morris Village's 1978 Outstanding Employee.

MEDICAL SERVICE

The Medical Service, composed of Physicians and Physician's Assistants, functioned for initial evaluation for history and physical examination to facilitate the flow of residents through Phase I. Each new admission is assigned to a specific staff member who, for continuity, follows the individual from the initial intake point through medical detection and determination of disabilities and limitations, and potential for participating in the treatment program. Sick call geared within a time-frame compatible with other facets of the program continued to be a significant improvement and referral to the clinical centers was utilized with more meaningful liaison. The reorganized departmental complex of clinics is utilized for further examination, evaluation and treatment of residents with substance abuse where indicated. Experience with individuals having both a drug problem and a serious mental disorder lead to the formulation of expanded capability for this category of resident, with the Director of Medical Service functioning as psychiatric consultant.

CHAPLAINCY

The Department of Chaplaincy at Morris Village functions in three primary areas. In direct patient care, every new resident is visited within 24 hours after admission by a Chaplain. Chaplains serve on treatment teams and provide individual therapy, family and group therapy. Two worship services are conducted weekly.

The second major area in which Chaplaincy is involved is education. Clinical Pastoral Education is offered for clergy on basic and advanced level. Workshops for clergy and staff are provided.

Chaplains also serve as pastors to staff members who often need someone to listen. Chaplains are also involved in the various committees and programs of Morris Village.

The work of Chaplaincy at Morris Village continues to grow and expand in service provided.

RESEARCH AND EVALUATION

The departmental staff is composed of eight employees, including one Ph.D., counseling psychologist, one M.A. addiction specialist, two research analysts, one statistician, two statistical clerks, and one secretary.

The Department completed 11 valuable studies during the year 1978-79. All these provided needed information for administrative decisions and treatment practices. Major questions answered by the studies were:

- (1) Was Biofeedback Training effective in reducing anxiety, both self-reported and machine measured?
- (2) What were the reasons for leaving LWP as given by the residents themselves?
- (3) Were there any differences between residents who received regular and LWP discharges in terms of demographic and prognostic variable?
- (4) How the variables of "types of drug used," "type of discharge," "length of stay," and "time since discharge" relate to other criterion measures at the time of follow-up?
- (5) In what ways do the residents expect Morris Village to help them?
- (6) How effective was the Personal and Social Skills training Program at Morris Village in increasing residents' assertiveness?
- (7) What was the relationship between AA attendance and social evaluative anxiety?
- (8) What were the dropout rates and readmission rates from other comparable institutions as Morris Village in the U.S.A.?

Moreover, the Department was solely responsible for the operation of personal and social skills training, biofeedback training, and relaxation training for residents. Also the Department staff actively participated in group therapy and other special emphasis programs such as "Solving Emotional Problems," "Women's Educational Series," and "Black Awareness Group."

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

DIRECTOR'S REPORT

At the beginning of the fiscal year, G. Werber Bryan Psychiatric Hospital had two lodges open for a total bed capacity of 72. At that time, the facility was admitting approximately 50 selective patients (those not requiring an Acute Care Unit) a month from three (3) counties (Richland, Lexington, Fairfield) of its designated eleven (11) county catchment area. At this point in its development, the facility obviously had a long way to go to meet its initial goal of providing intensive, short-term treatment for the catchment area. By the end of the eighth month of the fiscal year, the facility began to fully serve the entire catchment area.

Paramount in the development of this capability was the need for an Acute Care Unit to manage highly agitated patients. Once this unit was operational, the priority was shifted to developing the lodge programs. In line with the positions budgeted and made available, the Acute Care Unit and 4 lodges (144 lodge beds) have been fully operational for the last four months of the fiscal year. These developments, along with a reduction in the average length of stay from 34 to 21 days, enabled the facility to reach the initial goal of serving the catchment area. However, at times, undue heavy admissions have placed considerable strain on the Acute Care Unit and to a lesser degree on the lodges.

At the end of the fiscal year, 145 to 170 patients were being admitted each month from the catchment area. This essentially was all patients (97%) from the catchment area, age 16 through 64, excluding criminal court cases who required acute, inpatient psychiatric treatment in a state or regional level Department of Mental Health facility. The few exceptions have been patients with overriding medical/physical problems that required general hospital management.

As the new fiscal year begins, our immediate goals are to continue to fully serve the original catchment area and to become fully operational so as to expand our catchment area.

The cooperative effort that has been put forth by personnel from both support services and clinical services to bring the facility to its current level of operation are highlighted in this report.

ADMINISTRATIVE AND SUPPORT SERVICES

The components which comprise the Administrative and Support Services at this facility are as follows:

1. Pharmacy Service
2. Medical Administrative Service

3. Materials Management Service
4. Safety and Protective Service
5. Food Service
6. Maintenance and Utilities Service

During the fiscal year the major thrust of these components has been the development and implementation of systems required for the support of clinical services and the delivery of direct services to patients and their families. Considerable innovation has been necessary to adapt facilities to meet spatial and programmatic needs. As the number of patients has increased during the year procedures and systems have been evaluated and modified to meet changing needs and requirements.

A major concern has been the development and maintenance of a safe environment at this facility. Considerable attention has been focused on the removal of potentially dangerous fixtures within buildings and the elimination of environmental hazards on the campus. It will be necessary to devote substantial resources over the next several years to the resolution of this problem.

Pharmacy Service

The Pharmacy operations have been completely revamped to accommodate the increasing patient load. A new pharmacist was employed and space provided to house the medications on our campus. Medication rooms were set up on the lodges and a procedure was established for monthly inspections. This inspection includes the emergency crash carts. Pharmacy personnel and Nursing In-Service employees co-sponsor Psychopharmacology lectures on a monthly basis. Also, Pharmacy personnel are involved in in-service training pertaining to drug therapy. Since March, 1979, 952 items were dispensed to individual patients for in-house use and 804 out-patient prescriptions were dispensed since January, 1979. Also, there were 541 controlled drug requisitions processed.

Medical Administrative Service

Admissions and Dispositions: During the fiscal year our admission procedures have been reviewed and revised several times. This was necessary to develop a procedure which would best suit the needs of a new facility with high goals.

Total Number of Admissions	991
Total Number of Transfers In	9
GRAND TOTAL	1,000
Total Number of Discharges	880
(Of this number, 330 were discharged by the Probate Court)	

Our goal for the coming year is to continue to refine our policy and procedures and to procure and train staff to meet the growing needs of a new hospital.

Cashier/Post Office: With the Opening of Bryan Hospital, we developed a new procedure to allow patients to perform routine banking business with as little involvement of staff as possible. This procedure has worked very well with little complications to date.

Medical Records: The Medical Records Department continues to expand as the hospital grows. A procedure for a Guide to Medical Records has been approved and implemented. Numerous other operational procedures have been established. Most necessary equipment is in place and functional. During this period a total of 253 charts were reviewed for Utilization Review. This number includes all Medicaid and Medicare cases and every fifth admission. At present a medical audit is in progress to determine the number of patients discharged and readmitted within one month. Goals for the coming year are to refine operational policy and procedures and hopefully to establish an area which may be used by physicians to dictate medical reports.

Word Processing Center: Word Processing is a new concept to medical transcription. All dictation, including medical reports, correspondence, memorandums, minutes, monthly reports and miscellaneous items are dictated and transcribed in the Word Processing Center. Dictation is received from all services at the hospital. The Word Processing Center is equipped with the Lanier Tel-Edisette System which uses cassettes to record dictation. The system allows 24 hour, uninterrupted dictation. The Tel-Edisette utilizes a monitor which gives both video and printed readout of input and output of the system. The monitor records date and time of each input and length of recording, control or tape number, identifies person dictating, system totals, date and time assigned out for transcription, identifies transcriptionist and time completed, turnaround time, plus a summary of all aspects of dictating, i.e. department summary, transcriptionist summary.

The Word Processing Center is also equipped with a CPT Visual Memory Cassetype System which offers the ability to produce error-free documents and to use the same document over and over again. Revision of documents can be made by displaying the copy on the screen, adding or deleting words, lines, paragraphs or pages. The new document then goes from the screen to the new tape. All changes are made on the screen. The CPT System allows us to create personalized form letters. Also, all policy and procedure directives and Bryan Psychiatric Hospital Bylaws are recorded and reproduced as needed by the CPT operator.

During this fiscal year the Word Processing Center has received 29,409 minutes of dictation through our dictating system.

Materials Management Service

The Materials Management Service assumed the responsibility for medical and central supply items in addition to its normal functions. A procedure was established to replenish items on a regularly scheduled basis. This eliminated over-ordering. New Procedures were established to requisition and issue equipment and general office supplies which enabled Supply personnel to better utilize their limited space. Additionally, a new procedure was established to purchase small items on a one time basis from local vendors. Linen Service is now on the par system. Plans are near completion for the opening of the facility canteen.

Safety and Protective Service

The Safety and Protective Service has continued to safeguard and protect the patients and property of the facility according to the laws of the State, County, as well as the policies and procedures of the South Carolina Department of Mental Health. Additionally, this Division has continued to provide the patients, staff and general public with a safe and hazard-free environment. The Division has answered approximately 1,800 calls to assist with difficult patients. Fire drills and inspections were performed according to local fire and safety codes and the Joint Commission on Accreditation of Hospitals.

Food Service

The renovations to the dining room which began February, 1979, were completed in May, 1979. These renovations included a new serving line, additional dining room space and a larger institutional dishwasher. These changes have greatly improved the serving of patients. On June 6, 1979, employees began eating the dinner or supper meal in the cafeteria. This has increased the morale of our employees tremendously.

Maintenance and Utilities Service

During the year a section of the Energy Facility was converted into office space and a shop for the Maintenance and Utilities Service. The problem of hot water in the patient areas was resolved. Several access and utility roads were constructed as follows: (1) A road was constructed between the hospital and the lake which enabled access around the hospital; (2) Constructed a road between the Energy Facility and Building TCA-6 which houses Food Service, Housekeeping, and Linen Control. Additionally, a drainage system was installed in the swamp area adjacent to the Energy Facility. These changes will help make the hospital environment to be a much safer place.

CLINICAL SERVICES

Nursing Service

Nursing Service has expanded considerably during the past year which has enabled us to open two additional lodges and the Acute Care Unit. Even though there is a great deal of competition in this area for licensed personnel, we now have 58 R.N.'s and L.P.N.'s which is an increase of 31 licensed nurses for the year. Recruitment will continue to be a top priority for the coming year in order for the hospital to become fully operational.

In addition to staff lodges, nurses have been hired for around-the-clock supervision of the hospital. This has helped provide more structure, increased accountability from the staff, and enabled the implementation of lodge specific programs where a therapeutic milieu is emphasized and each patient is involved in activities and treatment programs daily.

An Escort Service was started with ten (10) nursing employees in February, 1979. Since that time they have escorted patients on 414 judicial hearings and examinations. Other duties include escorting patients to clinics, x-rays, and activities.

New nursing policies and procedures have been developed and are now implemented throughout the hospital.

The addition of so many new staff members has necessitated an extensive expansion of the in-service programs. Each new employee has participated in a one week orientation program. In addition, numerous other programs have been held in an effort to provide increased psychiatric skill and knowledge to staff. This is resulting in a higher level quality care being provided to patients. Programs have also been held for other departments, e.g. Housekeeping, Volunteer Services, and Activity Therapy Service.

Activity Therapy Service

The Activity Therapy Service developed and provided a wide range of therapeutic groups and activities in the areas of Art, Cosmetology, Library, Music, Occupational and Recreational Therapy. Activity Therapy Service provided coverage from 8:30 A.M. to 9:00 P.M., seven (7) days per week, including holidays.

Programs conducted Monday through Friday, 8:30 A.M. to 5:00 P.M. are very structured, goal-oriented, lodge specific and are recommended by the treatment team. During evening hours on weekdays and all day on weekends, programs are less structured and more leisure oriented.

Much emphasis was placed on all services to work together to create a therapeutic milieu. To create this milieu many changes were made and an overall hospital treatment program developed to meet all patients'

needs as quickly as they were admitted. Because of these alterations and the large number of admissions coupled with the fast turnover rate, Activity Therapy increased the number of groups offered, conducted lodge specific groups and encouraged primarily on-campus activities. This resulted in the majority of a patient's day being very structured with intensive therapy.

Music Therapy consists of two Music Therapists for the entire hospital. They offered Music Therapy, Relaxation, Movement Exercise, Music Appreciation, Choir and also provided music for Sunday Worship Service. All of these opportunities were made available to all patients. Musical instruments were also loaned out upon proper request. A Music Therapy Internship program was developed.

Two Occupational Therapists provided specialized Occupational Therapy groups for the entire hospital working out of the existing clinic areas. Ceramic and woodworking programs are ready to be implemented to expand and offer more variety from Occupational Therapy.

Art Therapy was developed and proved itself very successful. Art Therapy had two exhibits placed in the community, one at the University of South Carolina and one at Senator Stephens' Office, Chairman of the Legislative Committee for Mental Health and Mental Retardation.

One cosmetologist developed a very functional program with emphasis on good grooming skills by teaching the patient how to care for and improve their personal appearance and hygiene.

One Librarian has developed both a patient and professional library. Volunteers were heavily utilized and contributed greatly to much of the book processing. The Library expanded its services by opening on the weekends and by making library materials available on the lodges.

Recreation Therapy provided coverage with two Recreational Therapists assigned per lodge, one to cover 8:30 A.M. to 5:00 P.M. and one to cover 1:00 P.M. to 9:00 P.M. With this coverage a large number and variety of groups and activities were offered such as swimming, leisure counseling, relaxation, jogging, slimnastics, socialization, weight training, fishing, movies, dances, etc. A multi-purpose field was developed, a Universal Weight Machine was acquired, and a physical fitness trail is in the process of being constructed.

Psychology Service

The Psychology Service has increased its clinical staff by one position in the past fiscal year, bringing the total to five. In addition to the clinical staff one B.A. level Test Technician and a Chief Psychologist are also employed.

During the past year an average of four clinical psychologists has provided the patients at Bryan Psychiatric Hospital 921 individual

therapy sessions, 585 group therapy sessions, 83 marital or family therapy sessions, 972 initial interviews, and over 250 psychological evaluations. They have had 6,700 contacts with patients during the 2,080 hours spent in direct contact which totals to 5,763 patient hours of service rendered.

The Psychological Test Technician has completed 180 screening psychologicals which has saved the clinical staff over 400 hours.

The Psychology Staff continued their efforts at program evaluation this year by completing a Global Assessment Scale on every patient at admission and again at discharge to assess their program while at the hospital. Initial examination of the data has recently been completed. Psychology staff continue to pursue their clinical development by attendance at workshops and several members have offered courses to other Department of Mental Health staff.

Social Work Service

During fiscal year 1978-1979 a broad range of Social Work Services were provided on an individual basis to the 1,000 patients admitted to Bryan Psychiatric Hospital. These services included: (1) Direct individual and group therapeutic interventions with specific patients; (2) Social History and planning interviews with family members or other interested parties; (3) Time-limited marital and family therapy; and (4) Community liaison and referral (linking) activities. Prior to the beginning of the fiscal year the Social Work Department initiated a plan to provide social work coverage at Bryan Hospital until 7:00 P.M. on weekdays. Later in the fiscal year this coverage was expanded an additional hour, so there is now at least one social worker available on weekdays between the hours of 5:00 P.M. to 8:00 P.M. This coverage has enabled us to significantly increase our contacts and work with families and friends of patients. During the last four months of this fiscal year there were approximately 100 personal interviews conducted during these after-hour coverage times.

The Social Work staff was enlarged with the addition of four new staff members just prior to the beginning of the fiscal year 1978-1979. Due to some delays in the expansion of the Bryan Hospital Treatment program, these workers were under-utilized initially. However, gradually increasing admissions and shorter periods of hospitalization quickly led to greater demands and a faster work pace.

The greater demands reached a peak in May with 172 admissions and more than 130 discharges in the same month. The faster work pace and the accompanying pressures brought about a reassessment of Social Work staffing needs.

A request was initiated to increase the total compliment of social workers to 16 plus the Director by the time Bryan Hospital is fully

operational. Such a staffing level would assure reasonably manageable caseload and continued one to one social worker/psychiatrist arrangement. At the end of the fiscal year 1978-1979 the Social Work Department had eleven (11) social workers in addition to the Director.

Bryan Psychiatric Hospital experienced a number of administrative and programmatic changes during the fiscal year that required flexibility and understanding on the part of staff members. Although a good beginning has been made there are many areas that need improvement during the present fiscal year. Joint pre-discharge planning with mental health centers and other community agency personnel is at best spotty at this point and we need to work harder to make continuity of care a reality. Gaps in referral systems need to be closed and greater collaboration and communication needs to take place between the hospital and community agencies to insure that the needs of patients and families are more fully identified and responded to. Efforts to more fully develop Memorandi of Agreement and effective monitoring systems will continue to require much effort and involvement. In addition, the use of emergency interagency taskforces to respond in special or unusual situations will continue to play an important role in collaborative planning. Lastly, internal efforts to link Social Work staff more specifically to geographical catchment areas should enhance the efficiency and effectiveness of community liaison and referral activity. This will be especially needed if the service areas of Bryan Hospital is expanded as more lodges are opened.

Community and Patient Relations Service

The Community and Patient Relations Service which includes community liaison, patient rights, Volunteer Services, and Chaplaincy Services has continued to expand its role as the facility has developed to fully serve the initial eleven (11) county catchment area. In the interest of interfacing the facility's in-patient services with the community mental health center's services, Memorandi of Agreement were completed and implemented with the four existing catchment area mental health centers during the year. The agreements were in the process of being evaluated and revised as needed at the end of the year. It is significant to note that 84% of the admissions to the facility were being screened and processed through the mental health centers at the end of the year. In the coming year, special emphasis will be placed on identifying procedural and service deficiencies that contribute to recidivism.

In addition to the liaison activities with the mental health centers, linkages have been established with a number of public and private community resources involved directly or indirectly with the facility's patients.

During the year policies and procedures were developed that tie-in

with the Department of Mental Health's thrust to insure patient rights. This includes mechanisms to review and resolve as expeditiously as possible reports and complaints of violations of patient rights. The area of patient rights is being further addressed through a Humanization Committee. The committee composed of facility and community representatives has met monthly since November, 1978, and has concerned itself with encouraging and promoting the rights, self-esteem, and human dignity of patients and staff. The committee serves in an advisory capacity to the Facility Director and Executive Committee.

The Community and Patient Relations Services (CPRS) has a strong interest in creating a climate of openness between the hospital and community. During the past twelve (12) months approximately forty tours and orientation sessions have been conducted for professional, agency, and special interest groups. CPRS developed a new informational brochure, maps, and a variety of educational materials which have been distributed to mental health centers, mental health associations, and Probate Judges throughout the hospital's catchment area.

Volunteer Services

Bryan Hospital is developing a Volunteer Services program which encourages community participation and the integration of community resources in hospital programs. Within the last year a major thrust of the Volunteer Services program has been the development of linkages with the nine (9) mental health association chapters within the hospital's catchment area. Between October, 1978, and February, 1979, representatives from the Volunteer Services/Community Relations offices attended and/or spoke at the annual meetings of 6 of the 9 chapters. Mental health association chapter representatives have likewise toured the facility and served on the Volunteer Services Advisory Committee which meets monthly. Each month a copy of the hospital's newspaper is mailed to each of the chapter presidents. The relationship between Bryan Hospital and the mental health associations has been a productive union. Mental health association material contributions have included, but are not limited to, \$360 cash, 200 books for the patient and staff library, local papers from most of the communities in which the chapters are located, 4 sets of cookware for the lodge kitchenettes, 6 record players, 244 gifts through Operation Santa Claus, 150 welcome bags, 2 picnic tables, prizes for ATS program activities, cosmetics for patient grooming groups, and coffee and refreshments for the Family Visitor Center. Volunteer Services additionally is developing linkage with other service organizations, area schools and churches and volunteer bureaus including RSVP and the Voluntary Action Center.

During the past year at least 8 volunteer positions have been developed. Among those positions are ATS Program Supporters, Chap-

laincy Aide, Clothing Store Manager, Community Companion, Family Visitor Center Manager, Library Volunteer, Lodge Volunteer, Volunteer Pianist, and Assistant Managing Editor of the "Village Voice." As noted elsewhere, community volunteers serve on the Volunteer Services Advisory Committee and the Humanization Committee. Thirty-three (33) regular service volunteers in these positions contributed 708.25 hours of service during the last year. Occasional volunteers and group volunteers contributed an additional 241 hours cumulative service. There have been four orientations for new volunteers since December, 1978.

As suggested by the job descriptions above, Volunteer Services has developed a variety of new programs, some of which are highlighted below:

1. *Community Companion Program:* A joint project of Bryan Hospital, Columbia Area Mental Health Center and Mid-Carolina Mental Health Association. The Companion Program is designed to help discharged patients make the transition between hospital and community through utilization of trained volunteers. Eight (8) volunteers were trained in a June orientation and matching of volunteers and patients will continue into the new fiscal year.
2. *Clothing Store Program:* The Clothing Store stocked with community donations and run by volunteers filled 632 requests for clothing in the last year.
3. *Facility Newspaper:* The "Village Voice" a newspaper for staff and patients was also started in the previous year. The paper is circulated throughout the hospital with selective mailings to the mental health associations in our catchment area. Fifteen (15) issues have been printed to date. Through the paper an outstanding employee of the month program was initiated.
4. *Lodge Volunteer Program:* Volunteers in this program assist nursing staff in providing services to patients. The program was primarily staffed with university students placed through the Community Services Learning Program.

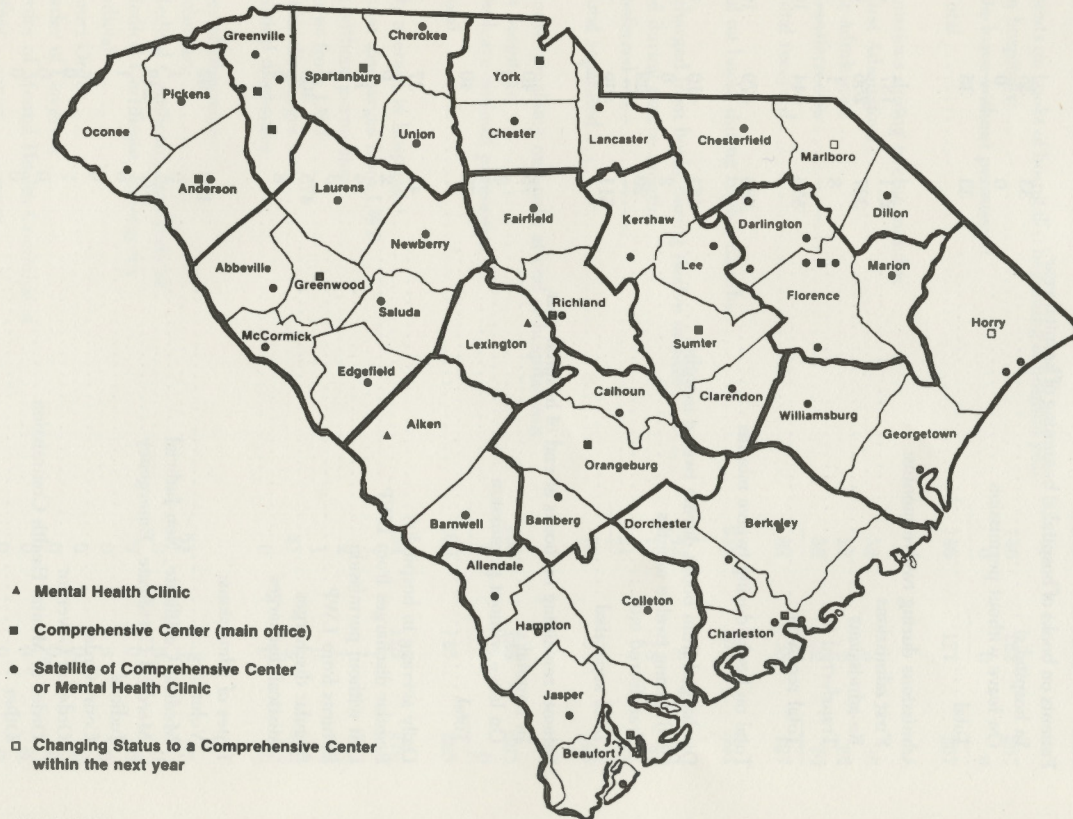
In addition to matching volunteers, soliciting and managing material donations, Volunteer Services has taken a major role in special events programming. Prior to March, Bryan Psychiatric Hospital patients attended at least 5 plays through arrangements with University of South Carolina Drama Department and Workshop Theater; 2 country music shows, the Red Stockings Review and the Herbie Mann Concert. With the elimination of community trips Volunteer Services has worked toward bringing more activities into the hospital and these activities have included a Variety Show, 2 bands, and 2 choral groups.

A final area of interest which has been explored by Volunteer Services has been mainstreaming, that is, providing volunteer opportunities for patients discharged from Bryan Psychiatric Hospital.

Chaplaincy Service

The Chaplaincy Service has continued to expand its services during this year. The staff has conducted Worship Services each Sunday and on special days. A weekly meeting with new patients has been inaugurated for purposes of orientation to the Chaplaincy Service and for mutual acquaintance. Staff has attended treatment team meetings as often as possible. Chaplaincy has developed relationships with patients through lodge visits, referral interviews, and formal counseling. Attendance and participation in committee and other meetings have been pursued. Cordial relationships have been developed with a number of community clergymen and a goal for the coming year is to extend an active outreach to clergy, churches, and communities. This will become more possible with the anticipated securing of an additional chaplain on the staff.

South Carolina Department of Mental Health
Division of Community Mental Health Services



May 22, 1979

**G. WERBER BRYAN PSYCHIATRIC HOSPITAL
GENERAL STATISTICS
FY 1978-1979**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	33	35	68
On leave without permission	0	0	0
Total	33	35	68
Admissions during twelve months:			
First admissions	211	187	398
Re-admissions	337	256	593
Transferred in	8	1	9
Total received	556	444	1000
Total on books during twelve months	589	479	1068
Discharged from books during twelve months	483	410	893
Died during twelve months	2	0	2
Transferred out	26	29	55
Total separated	511	439	950
Patients remaining on books at end of hospital year:			
In hospital(s)	75	40	115
On leave without permission	3	0	3
Total	78	40	118
Daily average in hospital(s)	43	37	80
Regular discharges from LWP	2	0	2
Left without permission	24	10	34
Returns from LWP	13	5	18
Regular discharges	475	405	880
Statistical discharges	6	5	11
Types of admissions:			
Voluntary	170	192	362
Medical Certificate, Non-Judicial	0	1	1
Medical Certificate, Emergency	377	248	625
Judicial	0	1	1
Court Order	0	1	1
Order of Governor	1	0	1
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	548	443	991

**C. M. TUCKER, JR. HUMAN RESOURCES CENTER
GENERAL STATISTICS
FY 1978-1979**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	146	121	267
On leave without permission	0	0	0
Total	146	121	267
Admissions during twelve months:			
First Admissions	32	3	35
Re-admissions	22	0	22
Transferred in	38	32	70
Total received	92	35	127
Total on books during twelve months	238	156	394
Discharged from books during twelve months	42	6	48
Died during twelve months	15	18	33
Transferred out	21	7	28
Total separated	78	31	109
Patients remaining on books at end of hospital year:			
In hospital(s)	160	125	285
On leave without permission	0	0	0
Total	160	125	285
Daily average in hospital(s)	154	125	279
Regular discharges from LWP	1	1	2
Left without permission	2	1	3
Returns from LWP	1	0	1
Regular discharges	41	5	46
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	54	3	57
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	54	3	57

**WILLIAM S. HALL PSYCHIATRIC INSTITUTE
GENERAL STATISTICS
FY 1978-1979**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	34	58	92
On leave without permission	3	2	5
Total	37	60	97
Admissions during twelve months:			
First admissions	172	258	430
Re-admissions	177	179	356
Transferred in	12	11	23
Total received	361	448	809
Total on books during twelve months	398	508	906
Discharged from books during twelve months	329	439	768
Died during twelve months	1	5	6
Transferred out	27	20	47
Total separated	357	464	821
Patients remaining on books at end of hospital year:			
In hospital(s)	41	40	81
On leave without permission	0	4	4
Total	41	44	85
Daily average in hospital(s)	37	54	91
Regular discharges from LWP	8	18	26
Left without permission	21	37	58
Returns from LWP	13	16	29
Regular discharges	318	420	738
Statistical discharges	3	1	4
Types of admissions:			
Voluntary	288	373	661
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	59	63	122
Judicial	0	1	1
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	2	0	2
Total	349	437	786

**CRAFTS-FARROW STATE HOSPITAL
GENERAL STATISTICS
FY 1978-1979**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	747	903	1650
On leave with out permission	0	0	0
Total	753	908	1661
Admissions during twelve months:			
First admissions	333	267	600
Re-admissions	206	210	416
Transferred in	25	16	41
Total received	564	493	1057
Total on books during twelve months	1317	1401	2718
Discharged from books during twelve months	420	382	802
Died during twelve months	156	172	328
Transferred out	29	25	54
Total separated	605	579	1184
Patients remaining on books at end of hospital year:			
In hospital(s)	707	816	1523
On leave without permission	5	6	11
Total	712	822	1534
Daily average in hospital(s)	716	862	1578
Regular discharges from LWP	1	2	3
Left without permission	23	20	43
Returns from LWP	19	11	30
Regular discharges	415	374	789
Statistical discharges	4	6	10
Types of admissions:			
Voluntary	67	71	138
Medical Certificate, Non-Judicial	2	0	2
Medical Certificate, Emergency	433	398	831
Judicial	12	6	18
Court Order	25	2	27
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other			
Total	539	477	1016

**HOSPITAL SERVICES
GENERAL STATISTICS
FY 1978-1979**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	2017	1820	3837
On leave without permission	28	12	40
Total	2045	1832	3877
Admissions during twelve months:			
First admissions	2576	1392	3968
Re-admissions	2526	1300	3826
Transferred in	127	93	220
Total received	5229	2785	8014
Total on books during twelve months	7274	4617	11891
Discharged from books during twelve months	4908	2641	7549
Died during twelve months	206	208	414
Transferred out	127	93	220
Total separated	5241	2942	8183
Patients remaining on books at end of hospital year:			
In hospital(s)	1995	1657	3652
On leave without permission	38	18	56
Total	2033	1675	3708
Daily average in hospital(s)	1985	1743	3728
Regular discharges from LWP	340	125	465
Left without permission	626	252	878
Returns from LWP	235	91	326
Regular discharges	4527	2486	7013
Statistical discharges	41	30	71
Types of admissions:			
Voluntary	1894	1091	2985
Medical Certificate, Non-Judicial	6	3	9
Medical Certificate, Emergency	2476	1483	3959
Judicial	46	17	63
Court Order	625	69	694
Order of Governor	3	0	3
Order of Mental Health Commission	0	0	0
Other	52	29	81
Total	5102	2692	7794

**SOUTH CAROLINA STATE HOSPITAL
GENERAL STATISTICS
FY 1978-1979**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	960	676	1636
On leave without permission	19	5	24
Total	979	681	1660
Admissions during twelve months:			
First admissions	1212	499	1711
Re-admissions	1338	552	1890
Transferred in	44	33	77
Total received	2594	1084	3678
Total on books during twelve months	3573	1765	5338
Discharged from books during twelve months	2591	1130	3721
Died during twelve months	29	11	40
Transferred out	24	12	36
Total separated	2644	1153	3797
Patients remaining on books at end of hospital year:			
In hospital(s)	913	604	1517
On leave without permission	16	8	24
Total	929	612	1541
Daily average in hospital(s)	932	637	1569
Regular discharges from LWP	8	3	11
Left without permission	210	79	289
Returns from LWP	177	55	232
Regular discharges	2555	1109	3664
Statistical discharges	28	18	46
Types of admissions:			
Voluntary	256	173	429
Medical Certificate-Non-Judicial	1	0	1
Medical Certificate, Emergency	1607	774	2381
Judicial	34	9	43
Court Order	600	66	666
Order of Governor	2	0	2
Order of Mental Health Commission	0	0	0
Other	50	29	79
Total	2550	1051	3601

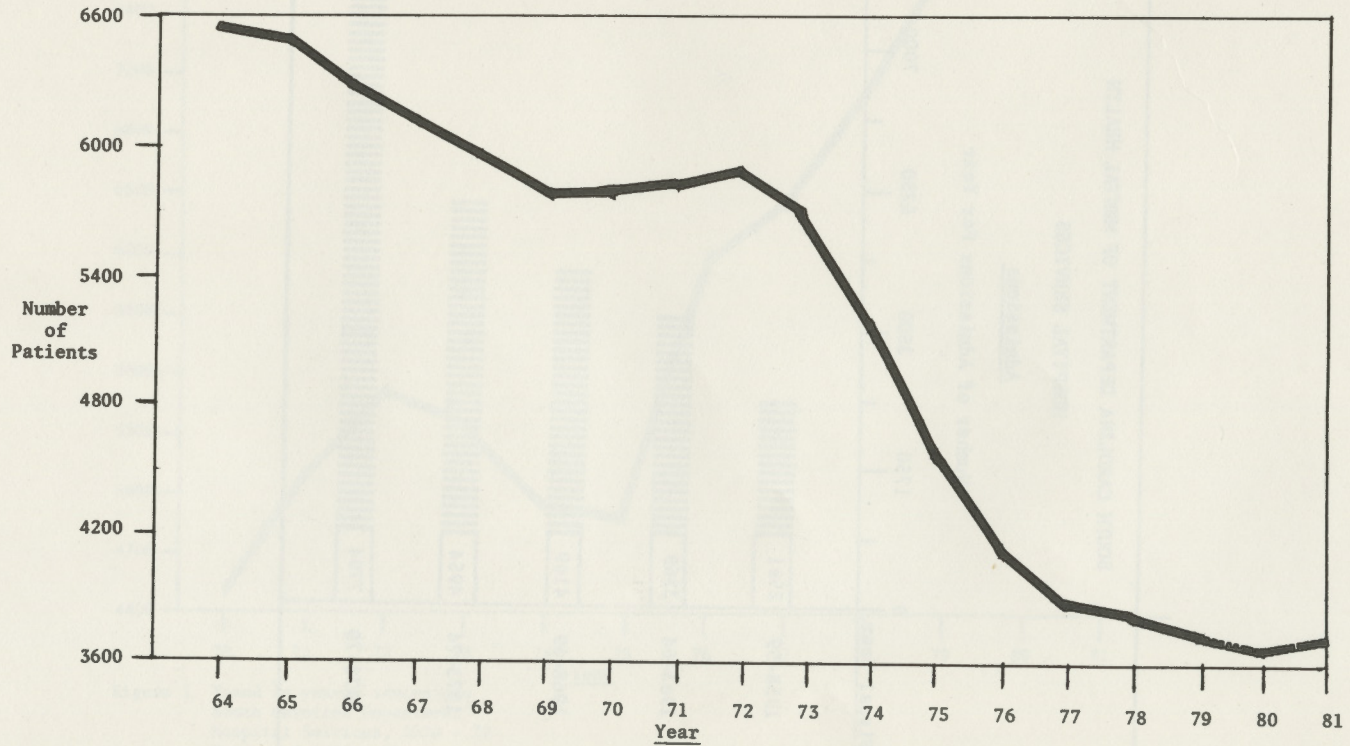
**MORRIS VILLAGE
GENERAL STATISTICS
FY 1978-1979**

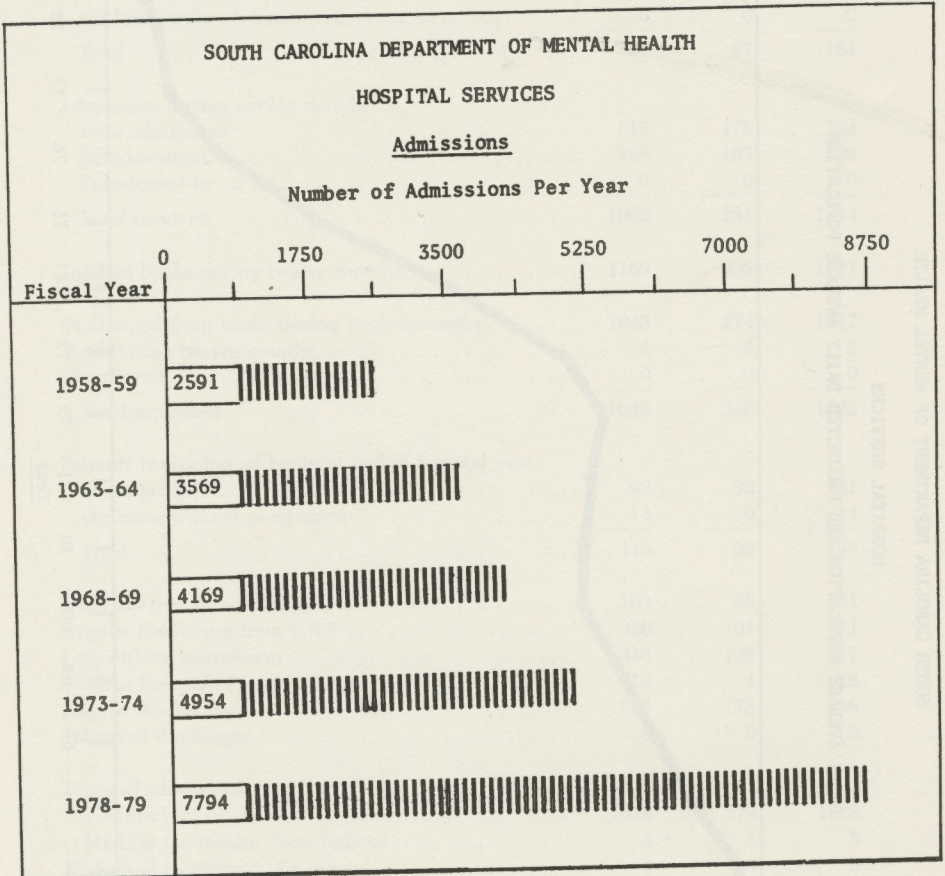
Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	97	27	124
On leave without permission	0	0	0
Total	97	27	124
Admissions during twelve months:			
First admissions	616	178	794
Re-admissions	446	103	549
Transferred in	0	0	0
Total received	1062	281	1343
Total on books during twelve months	1159	308	1467
Discharged from books during twelve months	1043	274	1317
Died during twelve months	3	2	5
Transferred out	0	0	0
Total separated	1046	276	1322
Patients remaining on books at end of hospital year:			
In hospital(s)	99	32	131
On leave without permission	14	0	14
Total	113	32	145
Daily average in hospital(s)	103	28	131
Regular discharges from LWP	320	101	421
Left without permission	346	105	451
Returns from LWP	12	4	16
Regular discharges	723	173	896
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	1059	279	1338
Medical Certificate, Non-Judicial	3	2	5
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	1062	281	1343

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION





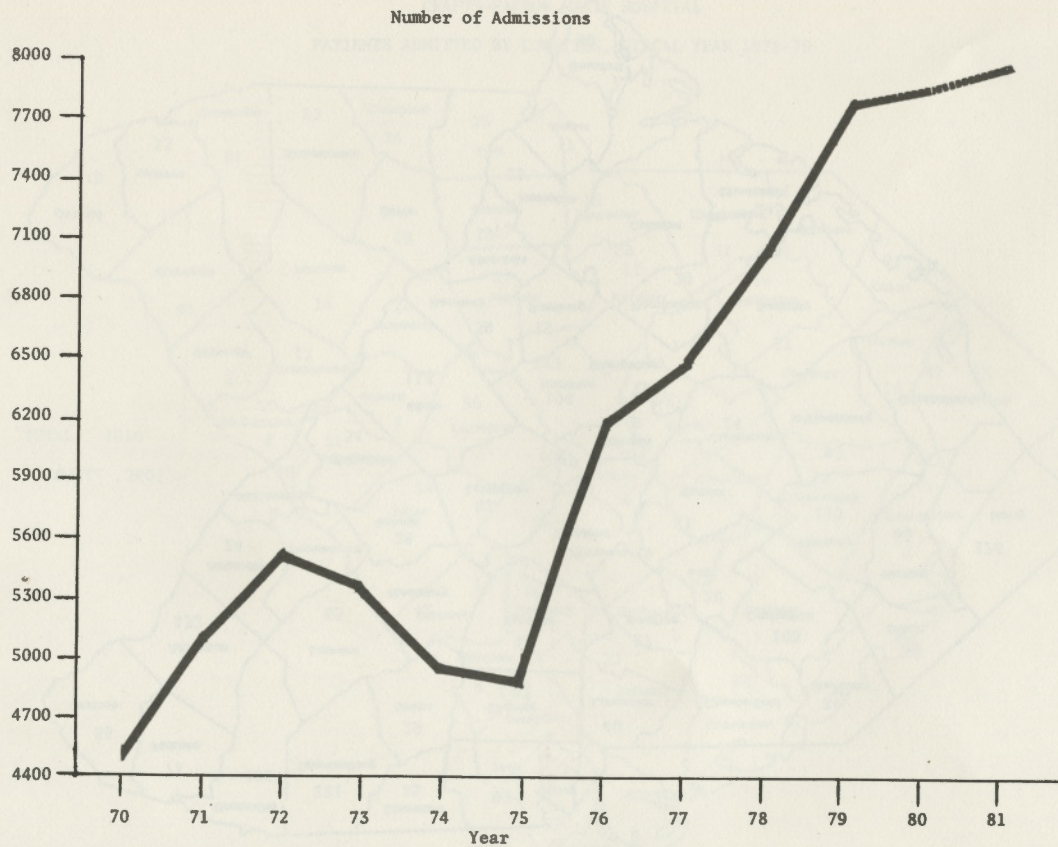
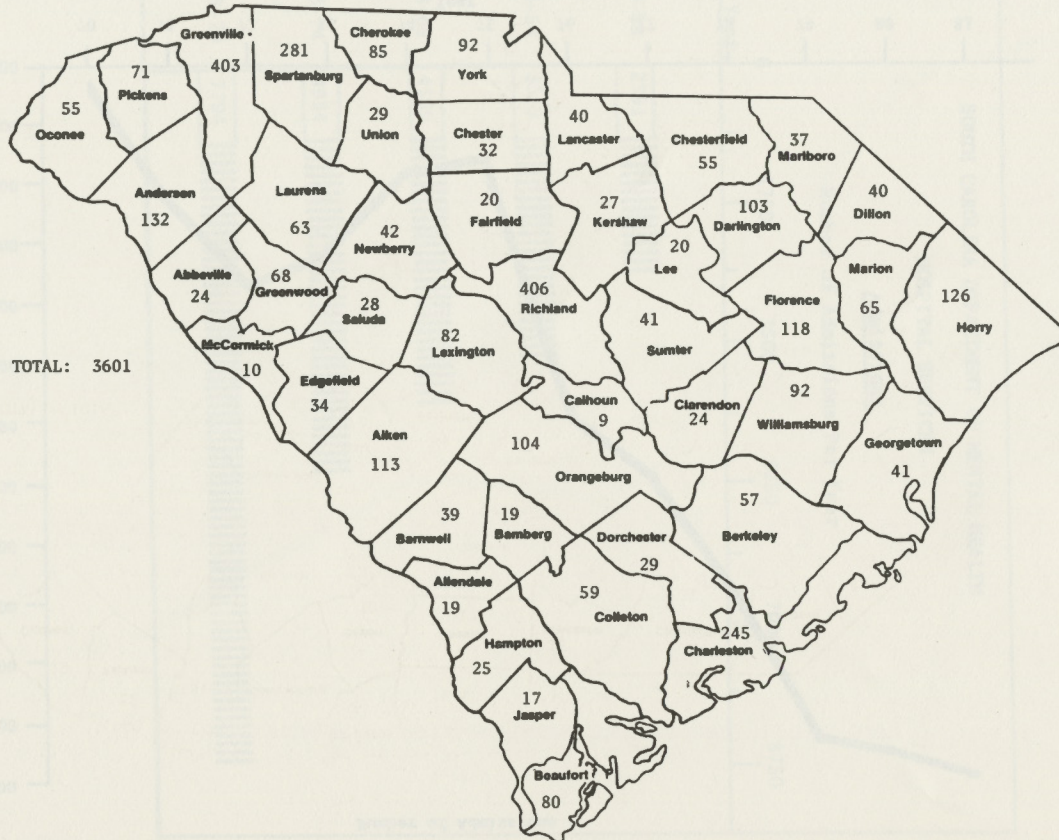


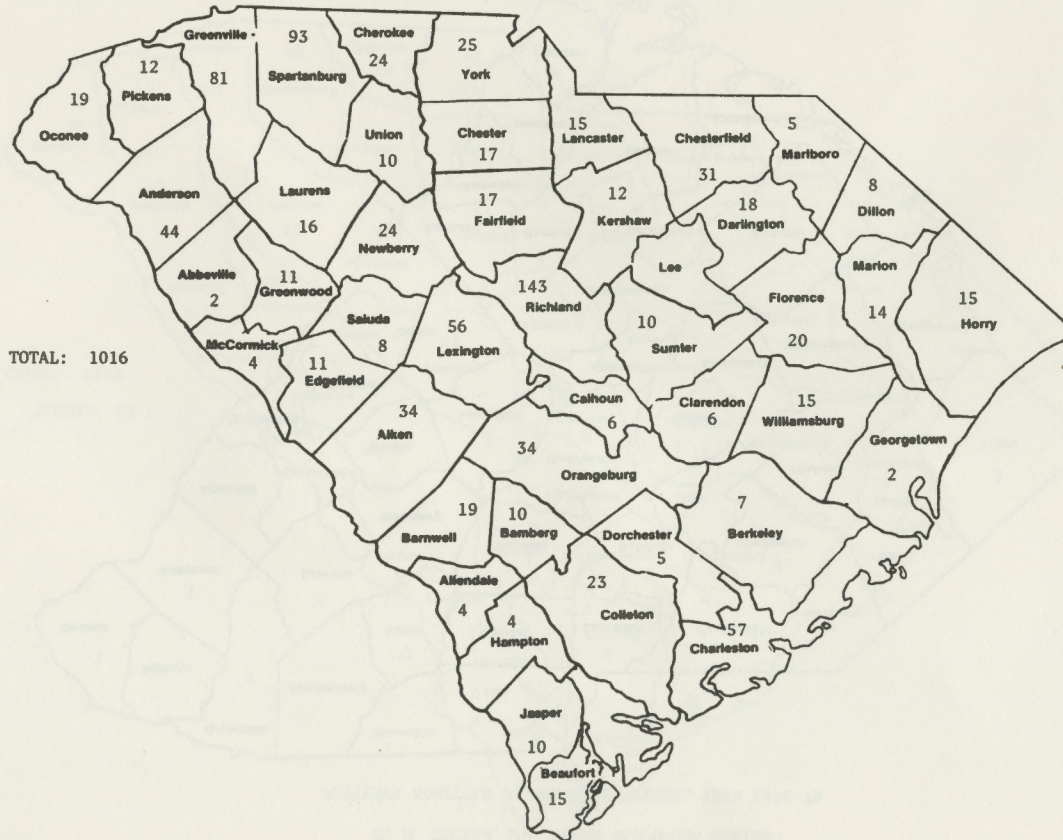
Figure 1 Trend in yearly admissions
South Carolina Department
Hospital Services, 1970 - 79
Projected 1980 - 81

SOUTH CAROLINA STATE HOSPITAL
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1978-79



CRAFTS-FARROW STATE HOSPITAL

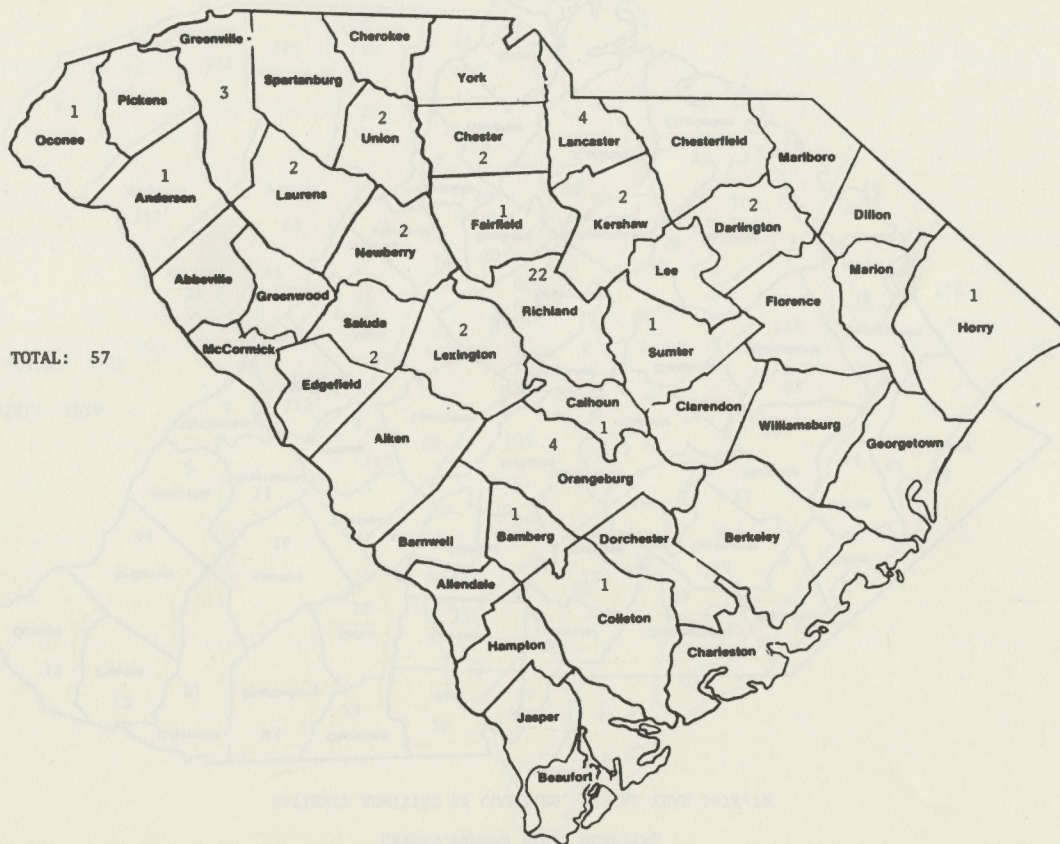
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1978-79



TOTAL: 1016

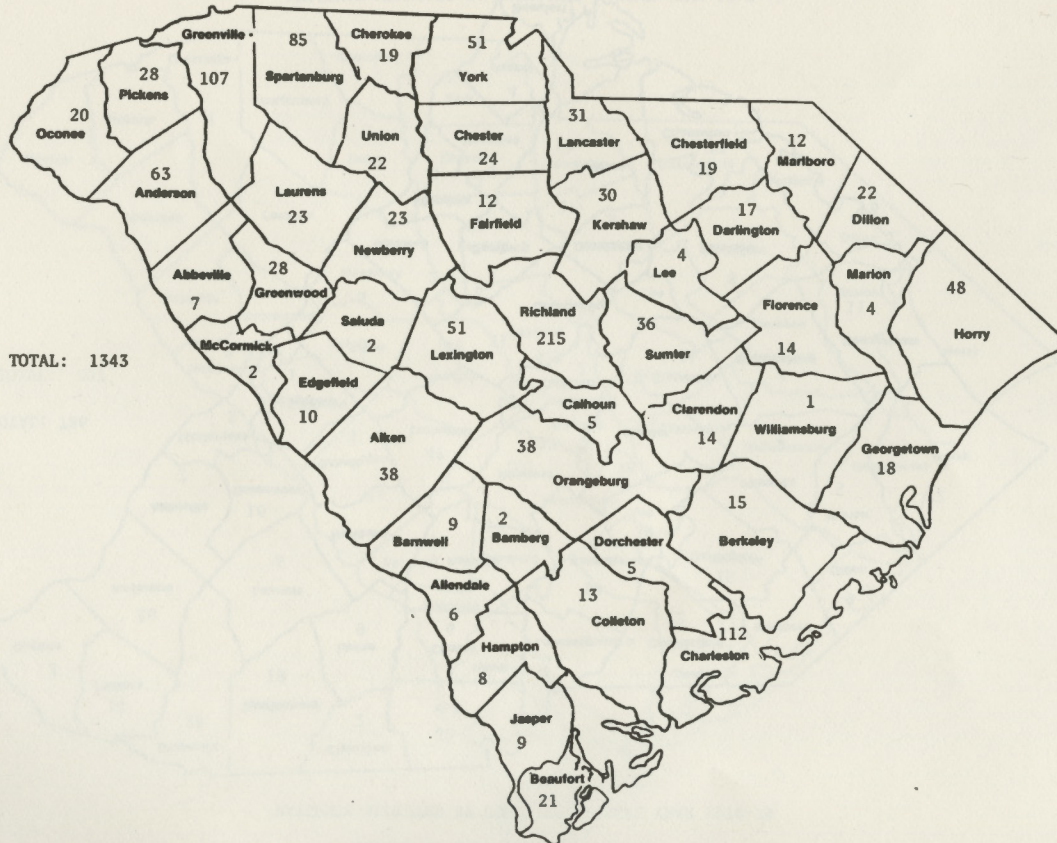
C. M. TUCKER, JR. HUMAN RESOURCES CENTER

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1978-79



MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1978-79



WILLIAM S. HALL PSYCHIATRIC INSTITUTE
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1978-79



A map of South Carolina showing its 46 counties. Each county is labeled with its name and its 1990 population. The counties and their populations are: Greenville (199), Cherokee (10), York (59), Pickens (1), Spartanburg (1), Union (1), Chester (19), Lancaster (36), Oconee (1), Anderson (1), Laurens (1), Newberry (1), Fairfield (39), Chesterfield (1), Marlboro (1), Abbeville (1), Greenwood (1), Saluda (1), Richland (439), Kershaw (1), Darlington (1), Dillon (1), McCormick (1), Edgefield (1), Lexington (148), Marion (1), Horry (1), Aiken (87), Calhoun (14), Sumter (1), Florence (1), Georgetown (1), Bamwell (23), Orangeburg (100), Clarendon (1), Williamsburg (1), Allendale (1), Berkeley (1), Dorchester (1), Charleston (2), Jasper (1), Beaufort (1), and Hampton (1).

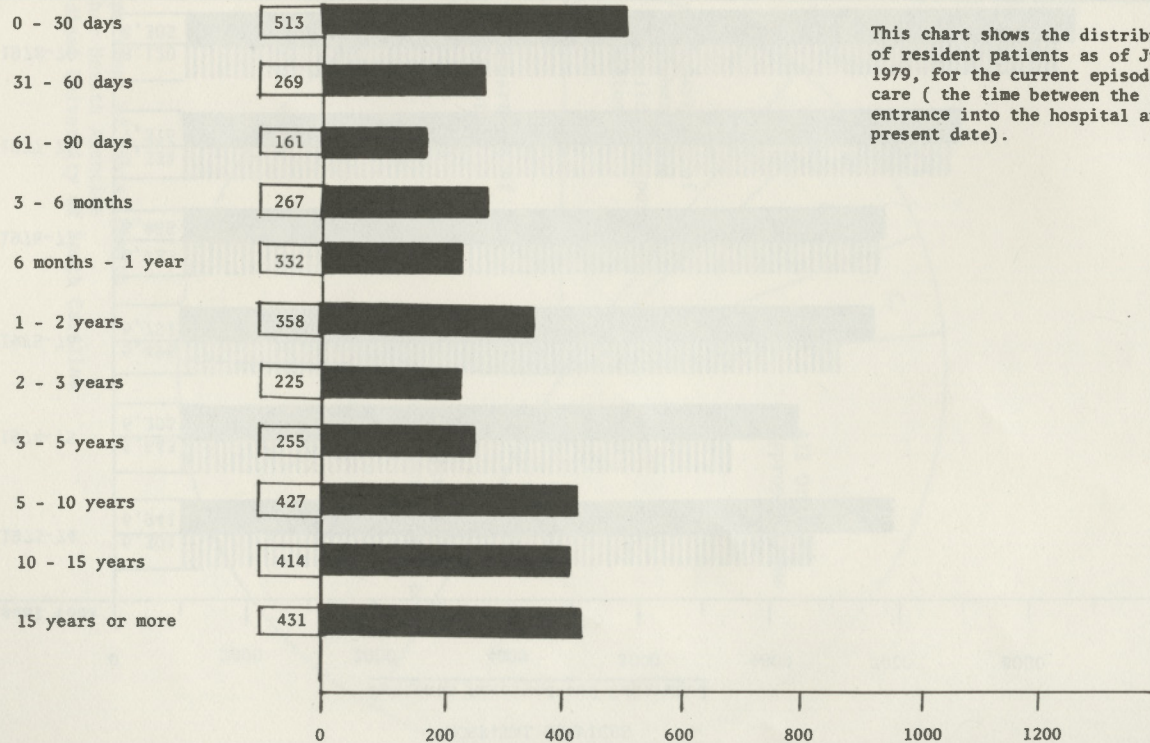
TOTAL: 991

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

<u>Facility</u>	<u>Rated Bed Capacity</u>	<u>Beds Set Up</u>	<u>1978-79</u>	<u>1977-78</u>	<u>1976-77</u>	<u>Average Daily Population</u>		
						<u>1975-76</u>	<u>1974-75</u>	<u>1973-74</u>
SCSH	1890	1865	1569	1638	1688	1812	2096	2406
CFSH	1788	1732	1578	1643	1692	1838	2081	2359
WSHPI	130	130	91	94	96	94	94	83
THRC	300	300	279	273	267	264	280	277
BPH	301	301	80	42				
MV	186	170	131	131	140	106	43	43
TOTAL	4595	4498	3728	3821	3883	4114	4594	5168

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
HOSPITAL SERVICES



This chart shows the distribution of resident patients as of June 30, 1979, for the current episode of care (the time between the last entrance into the hospital and the present date).

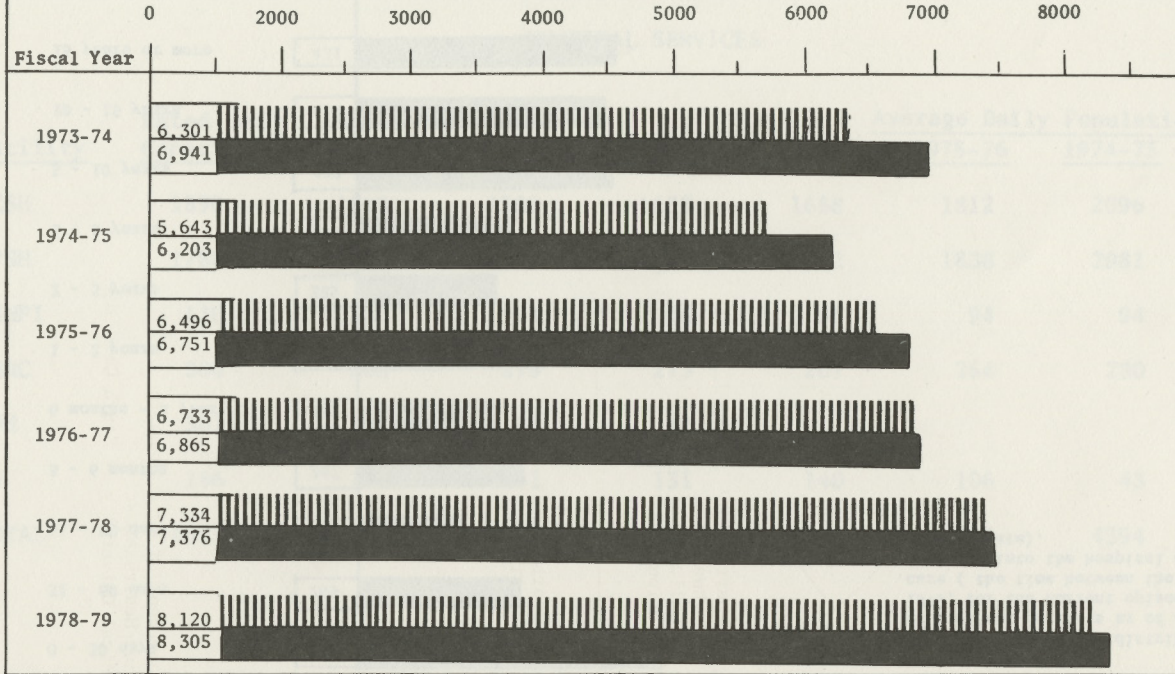
Resident Patients as of June 30, 1979, by Length of Stay

Total 3652


SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

Patients Received and Separated

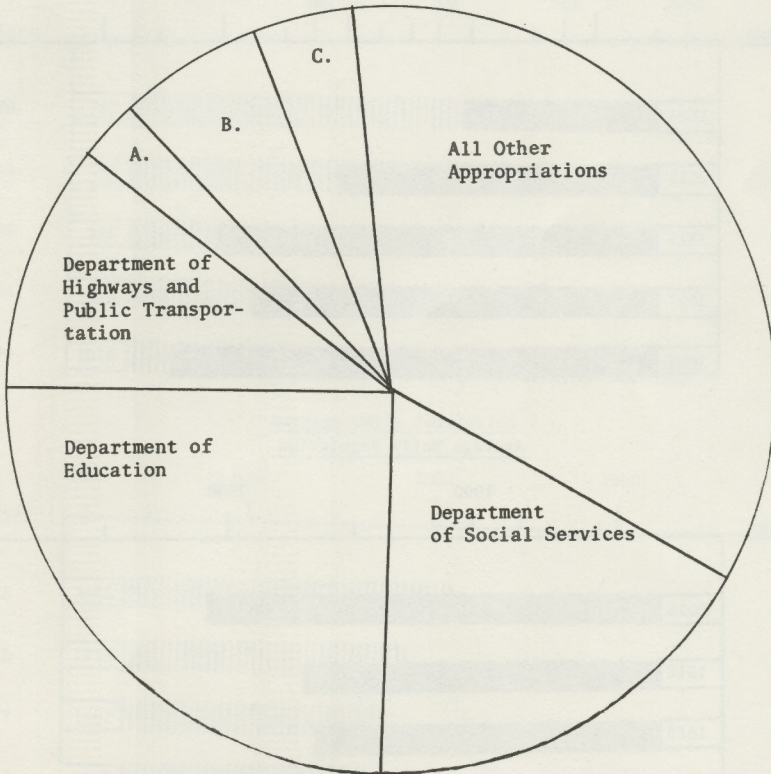


LEGEND: 
Received


Separated

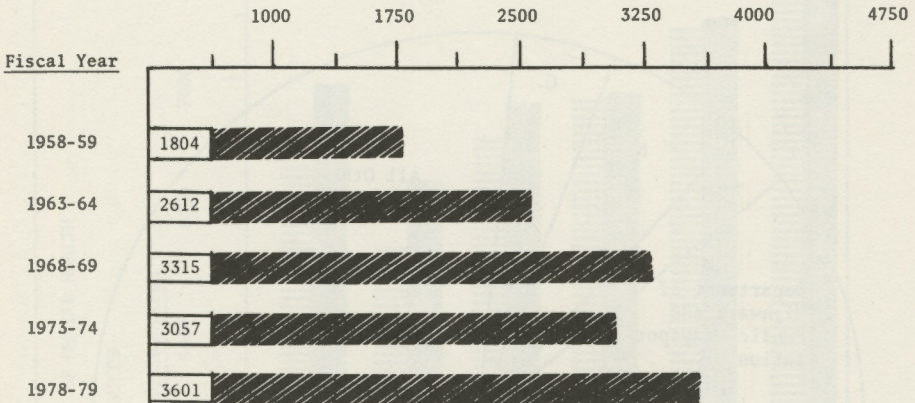
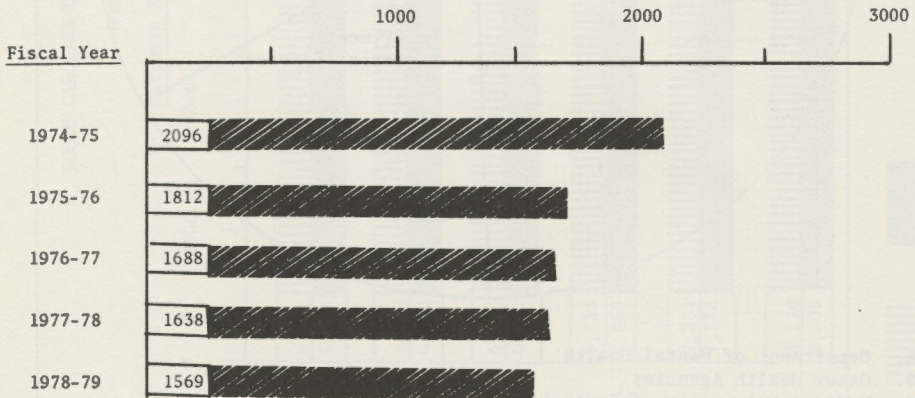
STATE OF SOUTH CAROLINA
APPROPRIATIONS FOR FY 1978 - 79

A PIE CHART

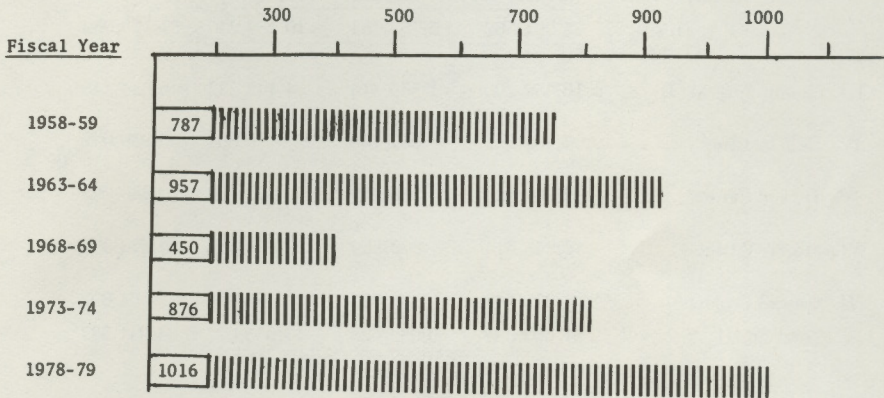
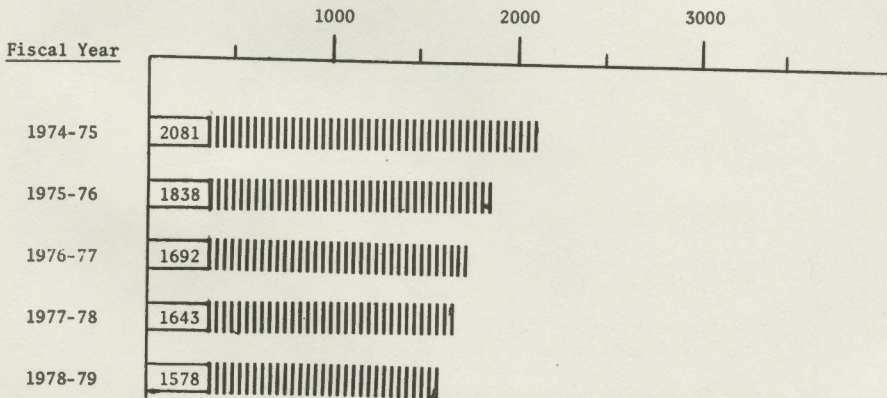


- A. Department of Mental Health
- B. Other Health Agencies
- C. Medical University of South Carolina

SOUTH CAROLINA STATE HOSPITAL

AdmissionsAverage Daily Population

CRAFTS-FARROW STATE HOSPITAL

AdmissionsAverage Daily Population

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
Columbia, South Carolina
FY 78-79 Expenditures

Facility	Personal Service	Employer Contributions	Operations	Total
I. Administration	2,815,505	439,247	1,131,923	4,386,675
II. Psychiatric Hospitals				
A. S. C. State	17,859,480	2,894,771	4,898,584	25,652,835
B. Crafts-Farrow	14,286,010	2,356,435	4,415,882	21,058,327
C. Bryan Hospital	3,145,872	502,258	819,770	4,467,900
Total Psy. Hosps. ...	35,291,362	5,753,464	10,134,236	51,179,062
III. Community M. H.	10,352,200	1,549,813	4,142,232	16,044,245
IV. Hall Institute	3,901,089	581,139	776,864	5,259,092
V. Tucker Center	2,061,420	346,250	837,414	3,245,084
VI. Morris Village	2,348,614	372,889	851,584	3,573,087
VII. Special Projects	233,442	39,826	80,824	354,092
Total DMH	57,003,632	9,082,628	17,955,077	84,041,337

